

ST. BARTHOLOMEW'S HOSPITAL JOURNAL



Vol. LXIV, No. 7

JULY, 1960

CALENDAR

AUGUST

Wed. 3—L.T.C. v. West Heath Lawn
Tennis Club (A).

Fri. 5—End of C.C. Tour.

Sat. 6—On duty: Medical and Surgical
Units.

Mr. G. H. Ellis.

U.H.S.C. Inter Hospitals race.

Wed. 10—Students' Union Meeting

Sat. 13—On duty: Dr. R. Bodley Scott.

Mr. A. H. Hunt.

Mr. F. T. Evans.

Sun. 14—C. C. v. Bromley (A) Start 2.30.

Sat. 20—On duty: Dr. A. W. Spence.

Mr. C. Naunton
Morgan.

Mr. R. A. Bowen.

C.C. v. Ferring Sussex (A) Start
2.30.

Sat. 27—On duty: Dr. G. W. Hayward.

Mr. A. W. Badenoch.

Mr. R. W. Ballentyne.

Mon. 29—General Assembly I.F.M.S.A.
Milan.

SEPTEMBER

Sat. 3—On duty: Dr. E. R. Cullinan.

Mr. J. P. Hosford.

Mr. C. Langton Hewer.

U.H.S.C. Harvey Wright Gold
Bowl (Burnham).

Sat. 10—On duty: Medical and Surgical
Units.

Mr. G. H. Ellis.

EDITORIAL

ORGANISATION is something we adore.

Our grandfathers might well be offended rather than frightened if they knew the extent to which we retire behind the façade of committees. Nevertheless, as the wisdom of the body ordains that the brain shall control the members, so are we wisely ruled by committees. And the Students Union must surely endow us all with a certain dignity and importance which we would lack as individuals!

A committee is supposed to have a life cycle. From this premise it is easy to deduce that a committee must be organic rather than mechanical. Further it must take root, grow and multiply. Most of this has also been stated—although it could have been deduced from the original premise.

It is easy to imagine the roots of the Students' Union and its committee (or council). The mysteries of finance which clubs provoke is sufficient *raison d'être*. The growth, however, has not been pruned. The scope of the Students' Union is today almost as intangible as that of the Monarchy. In a reassuring way it claims to help every student, to co-ordinate clubs and finance, and make representations on academic and social matters (to other more venerable bodies). Unfortunately the multiplication has only been in the number of people who sit on the council and the business which passes through it. The growth has been so

rapid that few records have been kept and few committees are small enough to be efficient. The problems, for example, of organising Sports Day are experienced afresh each year and the same mistakes are made. The meeting each month is, by design, a congregation rather than a council.

All the real work falls on very few who receive but small rewards. It is true that often there is something we can gain from, as well as contribute towards, a committee. This, however, is a trivial compensation for manipulating a constitution that is inefficient and presiding over a council that is unwieldy.

The ease with which criticism can be made about anything is always deceptive. It is very difficult to advise or change. However, many feel that the council should be a smaller and more efficient body. A great deal of the initial work on most issues could be done before ever reaching it. Decentralisation is surely an important principle in most organisations. Efficient records—to enable routine measures to be undertaken easily each year—are at the moment of greater importance than increasing the scope of the Union. We like to be organised but efficiency seems to escape us. The necessity seems to be for a Union of restricted scope which can be properly manipulated by different people each year. This sounds a simple object but it is one that will be difficult to achieve.

FIFTY YEARS AGO

Of the several addresses to the Abernethian society in 1910, that given on mid-summer's eve by Dr. Norman Moore seems to have attracted an unusually large audience. Dr. Moore's subject "St. Bartholomew's Hospital and Dr. Caius" was one of such interest to all students and old students that the text was subsequently published in the *Journal* of that year.

Dr. Moore recalls "The Chief entrance into St. Bartholomew's Hospital from the very beginning was in the present position of our Smithfield Gate, the roadway through which is thus the most ancient feature of the Hospital. The original gateway was repaired in the reign of Henry VI, and the present gate

was built in the eighteenth century, but no alteration in position was made on either occasion, and when we enter the Hospital from Smithfield our footsteps exactly follow the track of those of Rahele".

Following this, there comes a brief outline of the early history of the Hospital, with particular reference to our benefactors in those early days. We find Richard, Bishop of London, who previously had been "A sort of viceroy in Shropshire", but in 1108 "Having been elected to the vacant bishopric of London, was ordained priest at Mortlake by St. Anselm". In a fleeting reference to the Peasants' Revolt in the early days of Richard II, we find that "Tyler was dragged into the Hospital through our gate, past the Chapel of the Holy Cross, and died, or was found to be certainly dead in the chamber of the Master of the Hospital".

Where there now stands the Pathology Department and the Medical School Office, there previously stood "A house and garden, occupied in 1456 by Lady Joan Astley, once nurse to King Henry VI". One of Lady Astley's successors in this "Important tenement" was John Caius, taking up his residence in 1551, and remaining there till his death in 1573.

"This great man was born in Norwich on October 6th 400 years ago . . . He was admitted an undergraduate to Gonville Hall at Cambridge in 1529, and soon became deep in Greek, and in 1533 was elected fellow of Gonville Hall. Six years later, he went to the University of Padua, and studied Medicine."

"He lived in the house of the great anatomist Andreas Vesalius for eight months, and thus learned the modern anatomy based upon human dissection and not upon the books of ancient writers who had only dissected monkeys and pigs."

"Caius learned medicine from John Baptist Montana, of Verona. . . . Montana was interested in everything which bore upon his profession, but Caius was, perhaps, most drawn to him because of his Greek reading and through his thorough acquaintance with Galen. Caius graduated M.D. at Padua in 1541."

"In 1547 he was elected a fellow of the College of Physicians, and five years later he wrote his treatise on the sweating sickness, an epidemic disease, called in Latin *Ephemera Britannica* . . . As the first work

on clinical medicine, the first description of a disease drawn altogether from the writer's observation, this book is original and was a great step in the study of medicine, although it is not full enough to be a very important addition to clinical knowledge."

"Caius lived in St. Bartholomew's the whole of his time in London, and several of his books were written here. In 1555 he was elected President of the College of Physicians and held office, though not continuously, during nine years. The plan of our College of Physicians was drawn from Italy, and Caius, imbued with the same spirit of learning that had animated Linacre, the founder of the College, had great influence in continuing its tradition."

The address ends: "The life of Dr. Caius shows the noble characteristics of the English physicians of the Renaissance, and we must all be glad to remember that he long lived within St. Bartholomew's Hospital, and is one of its benefactors."

"Vivat post funera virtus"

NEWS IN BRIEF

Work has now started on the conversion of the ground floor of the West Wing. Two wards each containing eighteen beds are being constructed for orthopaedic patients.

The central window on the first floor of the West Wing which was damaged by a bomb during the war is now being replaced.

The Radiotherapy Department is having a £50,000 extension which will contain, amongst new equipment, two cobalt bomb units.

Dr. Geoffrey Bourne has been appointed consulting cardiologist to British European Airways.

Royal College of Physicians of Edinburgh—Lord Adrian has been elected an honorary fellow of the Royal College of Physicians of Edinburgh.

Royal College of Physicians of London—Dr. P. F. Borrie and Dr. A. E. Mourant have been elected fellows of the Royal College of Physicians of London.

Birthday Honours—Dr. Edward Hammond Williams has been awarded the M.B.E. for public services in Uganda.

STUDENTS UNION

A meeting of the Students' Union Council was held on June 15th, 1960. Mr. A. H. Hunt was in the chair and 25 members were present.

In the report of the London to Brighton Stroll, Mr. Watson stated that of the 65 Bart's participants 42 had successfully reached Brighton, evidence of which was now to be seen in the wearing of the Toucan tie. Congratulations were given to all walkers and warm thanks to the noble body of helpers who had supported them throughout the night. Several factors had gone into making this a successful adventure, including the very pleasing manner in which friendships between the competing hospitals had been further strengthened.

The report of the Ball Committee was given by Mr. Gau, who was pleased to report that this year's View Day Ball had been successful, a profit of a few pounds being made.

Mr. Watson presented the Carnival Committee Report giving details of the float entered by Bart's in the U.L.U. Carnival Procession. The Royal Free Hospital had won the competition for the best float on a theme of "A penny for them" but we had been thanked by the organisers for participating in this event which altogether had raised £700 for World Refugee Year.

Mr. Hood made it clear that the Hospital's Symphony Orchestra was now being correctly managed in that all members of the constituent hospitals and their friends were invited to play in the orchestra. They were no longer being excluded because of the participation of professional players. This latter situation had been the cause for the Bart's financial contribution being lowered last year thus it was decided to reinstate the original grant of ten guineas.

A suggestion by Mr. Hore that a Freshers Dance be held in October led to a general discussion on dances in College Hall. It was eventually decided that a sub-committee consisting of all the interested parties be set up to discuss this matter at an open meeting which any student could attend.

THE CHRISTIAN UNION

Two open meetings have been held this summer. The first, on Tuesday, May 10th, was a forum on "Why be a Christian?", the speakers being Mr. A. Parks. M.Ch., M.D.,

from the London Hospital; H. Fawcett, Esq., M.B.E., a business man; and E. Sampson, Esq., an international athlete, with Dr. Lennard-Jones, M.B. B.Chir., in the chair.

A Christian was defined as one who believed and trusted in Jesus Christ as his own personal Saviour. Then the importance of the deity, crucifixion, resurrection and ascension of Jesus Christ were stressed. With this as their basis, each member of the panel gave his personal account as to how he became a Christian, and then spoke of the power of Christ which had come into his life.

After discussing some practical aspects of the Christian life, the need for everyone to find out what Christianity really is, and means, was emphasised; and reading a book, such as St. John's Gospel, and inquiring of experienced Christians, were suggested for this purpose. The climax of the meeting came with a question from the audience: "How can one help a dying man who has only, say, two minutes to live, and is enquiring after his salvation?" Mr. Fawcett answered with a quotation from Acts, chapter 16, "Believe on the Lord Jesus Christ, and thou shalt be saved".

On Tuesday, May 31st, Dr. J. Carlisle gave a talk, illustrated by many excellent and interesting slides, on his work in a Mission Hospital in Tangiers. He spoke of the appalling poverty and desperate needs, both physical and spiritual, of these Moslem people. The Mission Hospital endeavoured, through the relief of their suffering, to show them the power and love of Jesus Christ.

SOCCKER CLUB DINNER

The Soccer Club had a most enjoyable dinner at the Talbot Restaurant on June 16th. The high standard of the food and drink was maintained by the speakers. Mr. A. Hunt proposed the club's health, to which Mr. Prosser replied. Mr. Jailler stated how glad we were to see our guests from Oxford and Cambridge attending the dinner. Mr. D. Woolley (Trinity Hall) replied on behalf of the guests.

MR. JOHN BETJEMAN

Because of his close association with the Hospital, the award of the Queen's Gold Medal for Poetry to Mr. John Betjeman will give especial pleasure to all members of the staff.

BRECHT'S GALILEO

The Mermaid Theatre is now one year old. During the past year they have produced four plays, the first, "Lock up your Daughters", was the most successful, but since then the standard has fallen. Now they are presenting for their fifth production Brecht's Galileo. This has been described as "One of the literary masterpieces of the century", telling the story of a man's fight to make the truth recognised, one that is only too real in this our time, the age of the atom.

Unfortunately the Mermaid company does not seem competent to deal with this play full of great potentialities. One would agree that the subject matter is heavy, written by an intellectual for intellectuals. Brecht's concept of alienation, making the audience think for itself, is quite unapparent, not in the delivery, for this is an original translation, but in the interpretation. Nobody in the cast seemed to have any idea of what the play was about, and without this no actor can give of his best, for the most this was evident as a string of words flowed forth in an often unintelligible stream.

There seems to be no continuity in production and the lighting is far too harsh and unimaginative. The lack of colour in the much publicised carnival scene is blatant. This all adds up to a dull and tarnished representation of Brecht's concept of a great man who, although forced by the church to recant his statement that the world was not the centre of a crystal sphere, "but as a speck of dust in the Universe", continued his researches and writing in secret, thus forming part of the foundations of modern physics.

No doubt many people will go to see this play because it is by Brecht, so they should, for this is the first time the play has been performed in England, and is bound to be a talking point for quite some time to come. Regular patrons of the Mermaid, however, will see the same faces they saw in "Great Expectations", "Henry V", and even "Lock up your Daughters". Originally it was stated that it was part of the policy of the Mermaid to give young actors and actresses a chance. This doesn't seem to have been done, so please Mr. Miles let us see some new faces who will perhaps put new life into future productions and do full credit to the superb little Theatre in Puddle Dock.

J.W.

MEDICAL STAFF

CASUALTY PHYSICIAN

Dr. H. J. Galbraith. 1.8.60 (in place of Dr. R. C. King)

ANAESTHETIC DEPARTMENT

Temporary Registrars: Mr. K. Shimmings 1.7.60, Mr. E. F. Brooks. Senior House Officer: Mr. M. Evans 1.7.60

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Senior Registrar: Dr. D. H. Trapnell. Registrar: Dr. P. McDonald 1.10.60.

DEPARTMENT OF RADIOTHERAPY

Registrar: Mr. I. Kazem, 3.6.60.

CHILDREN'S DEPARTMENT

Senior House Officer: Mrs. Anna Cope, 20.7.60 (in place of Mr. A. W. Galbraith).

DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

Registrar: Mr. D. K. Williams.

DENTAL DEPARTMENT

Part-time Registrar: Mr. C. E. Rees (in place of Mr. Eisenstadt).

APPOINTMENTS

MR. A. J. P. CAMPBELL. General Practice Clinical Assistant. As from the 1st July, 1960.

DR. H. J. GALBRAITH. Casualty Physician/Medical Tutor. As from the 1st October, 1960.

DR. R. M. BUCKLE. Temporary Lecturer in Medicine. As from the 1st August, 1960.

MR. F. L. D. STEEL. Lecturer in Anatomy. As from the 1st October, 1960.

MR. J. O. ROBINSON has been appointed by the Governors to be the Chief in medical charge of the Surgery.

DR. R. A. SHOOTER has been appointed by the Governors as Medical Officer in Charge of the Central Sterile Supply Department.

MR. E. G. REES has been appointed consultant pathologist to the Shrewsbury group and the Robert Jones and Agnes Hunt Orthopaedic Hospital.

HOUSE APPOINTMENTS

1st June, 1960 to 31st December, 1960

DR. E. R. CULLINAN

Dr. K. O. Black
J. L. C. Dobson
M. J. K. Hudson (until 30.9.60)
Miss D. I. Vollum (from 1.10.60)

DR. A. W. SPENCE

Dr. N. C. Oswald
J. M. H. Buckler
J. R. Garnham (until 30.9.60)
J. H. Pennington (from 1.10.60)

DR. R. BODLEY SCOTT

Dr. W. E. Gibb
D. A. Richards
P. G. Cassell (until 30.9.60)
J. J. R. Almeyda (from 1.10.60)

DR. G. W. HAYWARD

Dr. H. W. Balme
D. J. Tooby
D. J. Peebles (until 30.9.60) (from 1.10.60)

DR. E. F. SCOWEN

Dr. A. G. Spencer
R. L. W. Cleave
J. P. Soobie (until 30.9.60)
G. J. Halls (from 1.10.60)

MR. J. P. HOSFORD

Mr. E. G. Tuckwell
D. C. Lyon
Miss D. I. Vollum (until 30.9.60)
M. J. K. Hudson (from 1.10.60)

MR. C. NAUNTON MORGAN

Mr. D. F. Ellison Nash
J. Townsend
J. H. Pennington (until 30.9.60)
J. R. Garnham (from 1.10.60)

MR. A. H. HUNT

Mr. J. O. Robinson
K. R. Bowles
J. J. R. Almeyda (until 30.9.60)
P. G. Cassell (from 1.10.60)

MR. A. W. BADENOCH

Mr. Ian P. Todd
D. G. Davies (from 30.9.60)
D. J. Peebles (from 1.10.60)

PROF. SIR J. P. ROSS

Mr. G. W. Taylor
J. C. D. Plant
G. J. Halls (until 30.9.60)
J. D. Scobie (from 1.10.60)

CASUALTY H.P.

M. D. Constable

CASUALTY H.S.

H. J. Pemberton

CHILDREN'S DEPARTMENT**DR. C. F. HARRIS**

Dr. A. W. Franklin
J. D. Parkes
S. G. I. Hamilton

E.N.T. DEPARTMENT**MR. CAPPS**

Mr. Jory
R. A. G. D'E Willoughby (until 30.9.60)
Mr. Cope
R. M. Simons (from 1.10.60)

EYE DEPARTMENT**MR. H. B. STALLARD**

Mr. J. H. Dobree
R. P. Ellis

GYNAE. & OBST. DEPT.**MR. JOHN BEATTIE**

Mr. Donald Fraser
Mr. J. Howkins
G. F. Abercrombie } Interns
M. J. L. Patterson }
Miss M. C. Goodchild Junior H/S

DENTAL DEPARTMENT**MR. HANKEY**

Mr. Cowan
N. Shelley Smith

ORTHOPAEDIC DEPARTMENT

(Fractures)
P. C. Weaver

HILL END HOSPITAL**E.N.T. DEPARTMENT****MR. CAPPS**

Mr. Jory
R. M. Simons (until 30.9.60)
Mr. Hogg
Mr. Cope
R. A. G. D'E Willoughby (from 1.10.60)

ORTHOPAEDIC DEPARTMENT**MR. H. JACKSON BURROWS**

Mr. W. D. Coltart
Mr. J. N. Aston
D. L. Julier
Miss J. A. Hartley

THORACIC SURGERY**MR. O. S. TUBBS**

Mr. I. M. Hill
Mr. R. M. Hadley
Miss D. M. Humphreys

DEPARTMENT OF NEUROLOGICAL SURGERY**MR. J. E. A. O'CONNELL**

Mr. R. Campbell Connolly
C. P. Roberts

ENGAGEMENTS

BLOOMER—GILMOUR.—The engagement is announced between Dr. A. C. S. (Mike) Bloomer and Judith H. Gilmour.

EDWARDS—BINGHAM.—The engagement is announced between Dr. James Griffith Edwards and Dorothea Mary Ann Bingham.

HARTILL—HUNT.—The engagement is announced between Dr. Geoffrey Gordon Hartill and Mrs. Eve A. Hunt.

STANLEY—HAGGERSTON.—The engagement is announced between Dr. Harold Wheldale Stanley and Mrs. Hanka Claire (Poppy) Haggerston.

DAVIES—SANDGREEN.—The engagement is announced between Dr. Gareth Davies and Nina Marie Sandgreen.

MARRIAGE

WELLS—TURTON.—On June 4, Dr. David P. Wells to Gillian Hermoine Christian Turton.

BIRTHS

ARTHUR.—On May 30, to Joan and Dr. Timothy Arthur, a daughter (Barbara Mary).

CASELLS.—On June 10, to Irene, wife of Dr. M. J. Cassells, a daughter.

GIRLING.—On June 8, to Bridget and James Arthur Girling, a son.

GODRICH.—On June 19, to Chloe and Dr.

John Godrich, a daughter (Angela Clare).

GOLLEDGE.—On May 21, at Aden, to Helen and Dr. A. H. Gollidge, a daughter (Charlotte Lyde) a sister for Mark.

McMASTER.—On Trinity Sunday (June 12), to Elizabeth and Dr. Brian McMaster, a daughter (Julia).

OSBORNE.—On June 29, to Hope and Dr. Patrick Osborne, a daughter.

SMITH.—On May 28, to Phillida and Dr. Roderick Smith, a daughter (Anthea Claire Venn).

WELLS.—On June 17, to Jenifer, wife of Dr. Bertrand Wells, a son.

CRAWHALL.—On July 22nd, to Pam, wife of John Crawhall, a sister (Hilary Joan) for Robert.

DEATHS

ABERNETHY.—On June 23, Douglas Allan Abernethy, F.R.C.S. (Ed.), M.R.C.O.G. Qualified 1925.

CHANGES OF ADDRESS

Dr. P. B. Palmer,
The White House,
Godstone,
Surrey.
Tel. Godstone 262.

Mr. H. A. Morton Whitby,
12a Prince Edward Mansions,
Pembroke Square, W.2.
Tel. Bayswater 7080.

Dr J. A. Struthers,
Croft Corner,
Aston Tirrold,
Didcot, Berks.
Tel. Blewbury 328.

H. Horwitz,
Radio Isotope Laboratory,
General Hospital,
Cincinnati 29,
Ohio, U.S.A. (From Sept. 1.)

Mr. J. P. Hosford — correspondence to 58 Harley Street, W.1., as he has left his country address.

Dr. A. F. Taylor,
Ardentallen Farm,
by Oban, Argyll.

Dr. Gabriel Ullmann,
8A Lotus Street,
Mount Carmel,
Haifa, Israel.

SCHOLARSHIPS AND PRIZES,

1960

Brackenbury Scholarship in Medicine: A. B. Shaw. *Prox. Access*: D. I. Vollum.

Brackenbury Scholarship in Surgery: J. R. Garnham. *Prox. Access*: P. G. Cassell.

Matthews Duncan Prize: M. C. Goodchild.

Burrows Prize: A. B. Shaw.

Skynner Prize: I. J. Tuffit.

Roxburgh Prize: D. Gardner-Medwin.

Walsham Prize: J. R. Garnham.

Willett Medal: J. R. Garnham.

Senior Scholarship in Anatomy, Physiology & Biochemistry: J. E. McLaughlin. *Prox Access*: R. L. Powles.

Harvey Prize: J. O. de W. Waller. *Prox Access*: S. A. Minns.

Herbert Paterson Medal: R. L. Powles.

Foster Prize: J. E. McLaughlin and A. C. Robertson.

Treasurer's Prize: D. J. Goldie. *Certificates*: B. E. Bean, J. M. Matthews and J. K. Shearman.

Bentley Prize: J. C. Crawhall.

Wix Prize: E. Knight.

Hichens Prize: W. S. Shand.

EDITOR

Mr. A. J. B. Missen has been succeeded as editor by Mr. H. White. Mr. J. Spivey has been appointed assistant editor.



UNIVERSITY OF LONDON
FINAL M.B. B.S. EXAMINATION

APRIL 1960

Pass

Abell, J. D.	Alabi, G. O.	Almeyda, J. J. R.	Arnold, J.
Birt, R. C.	Cassell, P. G.	Collier, B. R.	Constable, M. D.
Fasan, P. O.	Gletsu, A.	Goodchild, M. C.	Gould, S. E.
Gray, W. R.	Hadley, R. M.	Halls, G. J.	Harris, D. M.
Hartley, J. A.	Humphreys, D. M.	John, R. W.	Julier, D. L.
Juniper, C. P.	Kennedy, R. C.	McGrath, M. B. J.	Matthews, A. W.
Musgrove, J. S.	Muzio, D. M.	Pemberton, M. J.	Pettavel, J. A. P.
Ponnampalam, M. S.	Pope, J. A. ff.	Roles, W.	Russell, Z. A.
Stalder, G. P. M.	Tabert, J. E. K.	Thompson, A. J.	Tuftt, I. J.
Vollum, D. I.	Walker, K. A.	Weaver, P. C.	Willoughby, R. A. G. d'E.

Supplementary Pass List

Part I

Andan, A.	Ashby, P. M.	Ballantine, B. N.	Beardwell, C. G.
Besser, G. M.	Brown, M. D.	Chapman, J.	Davies, R. R.
England, R. W.	Geach, A. R.	Harrison, R. I.	Holloway, A. M.
Horder, P. T.	Kilroy, A. W.	Kingsley, D. P. E.	Martinez, G. S.
Morrison, J. D.	Noble, M. I. M.	Smith, C. R.	Stewart, A. F. S.
Tomkins, I.			

Part II

Andan, A.	Berry, W. H. C.	Craggs, J. C.	Makin, E. J. B.
Swallow, J.			

Part III

Alder, D. E.	Andan, A.	Booth, D.	Craggs, J. C.
Eddy, J. D.	Garrod, J. A.	Hijazi, H. K.	Makin, E. J. B.
Smith, P.			

Part IV

Alder, D. E.	Booth, D.	Craggs, J. C.	Eddy, J. D.
Garrod, J. A.	Hijazi, H. K.	Milburn, F. A.	

UNIVERSITY OF LONDON
Ph.D. EXAMINATION

(Faculty of Science)

April 1960

Nye, E. R.

**EXAMINATION FOR THE ACADEMIC POST GRADUATE
DIPLOMA IN PSYCHOLOGICAL MEDICINE**

April 1960

Part I

Edwards, J. G.

EXAMINATION RESULTS

R. A. Roxburgh, F.R.C.S. (Edin.) April
1960; F.R.C.S. (Eng.) May 1960.

SMALLPOX AND VACCINATION IN THE ARMED FORCES

from the Eighteenth Century Onwards

by A. M. Ward

"SMALLPOX is a danger to armies both as a disease which is capable of producing many casualties, with a high mortality rate, and as a threat which has continually to be fought off by the medical services".¹ If that was true of the Second World War, how much greater a threat was smallpox in the eighteenth century, before Jenner published his work on vaccination.

George Washington showed his fear of the disease in a letter to Patrick Henry, the Governor of Virginia, in 1777. "I know that it (the smallpox) is more destructive to an army in the natural way than the sword, and I shudder whenever I reflect upon the difficulties of keeping it out, and that in the vicissitudes of war the scene may be transferred to some southern state."² The fears he expressed in this letter were first, that smallpox was largely pandemic in the southern states of the new republic, and secondly that his army was largely unprotected against the disease, the practice of inoculation being a penal offence in Virginia and certain other states at that time.

There are many medical references in the Amherst Papers—letters and papers relating to the 1756-1763 campaign in North America—but the first note of smallpox is in a letter dated July 1760, from General Amherst to his Director of Hospitals, James Napier. Amherst wrote that smallpox had broken out among the troops under his command at Oswego, but, as precautions (unspecified) had been taken, it was vainly hoped that there would be no further spread. The next mention of the disease was during the American Revolution. In Boston in June 1775 Howe is reported to have had 2,000 sick, half of these being smallpox cases. It seems fairly certain that these were, however cases of the inoculation disease. The practice of variolation had certainly been used throughout the British Army since 1750, and probably from a still earlier date. This report may not have been quite accurate, as the revolutionary officers gleaned their information from a deserter from the British Camp, but it was to modify

Washington's tactics and orders later, in that he only allowed those troops that had had smallpox to join the force of occupation when Howe evacuated Boston. The difference between the opposing forces with respect to this disease was shown very clearly at the siege of Quebec later in the same year. Smallpox became epidemic among the American Colonial troops, and caused them to abandon the siege. In the retreat to Crown Point one regiment lost over a third of its strength in deaths from smallpox. In contrast, the British regiments that were sent to relieve Quebec had no cases of the disease. The First Regiment of Foot went out to Canada in 1756, and all men who had not had smallpox were inoculated before embarkation, the result of this procedure was that, during the regiment's nine year tour in North America and the West Indies, there were no cases of smallpox. Surgeon Reide of that regiment inoculated some American prisoners-of-war taken at Montreal, with the result that they were among the few of their regiment that did not succumb to the disease. In commenting on their losses from the disease, Congress said that the smallpox was ten times worse than the British, Canadians, or Indians and, as a result of this outbreak, it was ordered that all troops in the American Army should be inoculated. In 1779 the French Government had to call off their proposed invasion of England because of an outbreak of smallpox in the fleet that incapacitated over half the sailors. Count d'Orville commented at this time that he had no means of preventing the disease, and that in England things were better organised. Smallpox did occur in the Royal Navy, but only on a limited scale, there being 42 cases admitted to the Naval Hospital at Haslar in 1780, and only 6 deaths in the whole of the Home Fleet in 1782.

Dr. J. Pringle, in his book "Observations on the diseases of the Army", the first edition of which appeared in 1752, recorded that smallpox caused no concern to the English Regimental Surgeons in the Low

Countries in the 1742-1745 campaign, and he expressed an opinion that the disease was of no great danger to an army. He called attention to the total lack of cases among the troops quartered in Inverness after the battle of Culloden Moor in 1746, when the disease was prevalent in the town.

Jenner published his first paper on vaccination in 1798, and the first reference to the use of this method of prevention of smallpox in military communities is found in 1799. In that year the Regimental Surgeon of the South Gloucester Regiment of Militia inoculated a number of troops with the "cow-pox matter". This is an isolated case, and the general treatment at that time was still inoculation, but this was by no means certain in effect, as may be seen in the outbreak in Guernsey in 1799. This was a severe outbreak, causing a high mortality among those members of the Militia that had not been inoculated, and a high proportion of modified cases occurred in those that had been inoculated. After this outbreak had died down, considerable trouble was taken to disinfect the barracks before the arrival of Russian troops, as inoculation was not practiced in the Imperial Russian Army.

In 1800 H.R.H. the Duke of York, the Commander in Chief, asked Jenner to conduct a clinical trial of the new vaccine on troops of the 85th Regiment stationed at Colchester, to judge the expediency of adopting it generally throughout the services. The trial did not go smoothly as the troops were suffering from the "itch", which was specific against the smallpox. But, after several attempts, a considerable number of vaccinations were made. Vaccination was introduced generally in the army and navy later that year, and in the following year it was introduced into the armed forces of France, the East India Company, and the Crown in India. In 1801, Drs. Walker and Marshall, pupils of Jenner, toured the garrisons and naval bases of the Mediterranean to vaccinate the troops. At Malta they parted company, Walker going with the army to Egypt to complete his work, and to vaccinate some Turkish troops. The vaccine was found to be effective in stemming a severe outbreak of smallpox in the fleet in Malta at the time.

One great advantage of vaccination over inoculation was noticed at an early date. After vaccination, the men could continue with their duties as before, but after inocu-

lation they were confined to their beds for some days. "The Cowpox occasions no disturbance in frame or fitness for duty, and can therefore be performed either in the barracks or quarters."³

During the next twenty years there was a sharp fall in the mortality from the disease, and during the Peninsula War, 1811-1814, the disease disappeared from the list of those that caused loss of life or duty. Smallpox contributed only six admissions and four deaths, all of these being among camp followers and auxiliaries. During a similar period, 1806-1809, there were no admissions for smallpox to the Naval Hospital at Plymouth, and the log of H.M.S. Albion for 1812, after a years' cruise in North American waters, shows our 12 hospital cases, only one being smallpox. H.M.S. Tremendous, returning from a two-year cruise in Home waters at the same time reported no cases.

Vaccination seemed to be the answer to smallpox, but the military authorities were not allowed to congratulate themselves for long. Late in the 1820's there was a great increase in the cases of post-vaccination smallpox, and during the 1830's extensive revaccination programmes were carried out in the armies of various European states, but the question was not considered in England until 1857. The pioneer work in this field was done by Professor Heim of the Wirtemberg Medical Service between 1829 and 1831. His results were extensively tabulated, and served as a guide to all other authorities. During the next ten years revaccination was started in most European states, it being made compulsory in the armies of Denmark and Bavaria in 1843-1844. The results of this were almost as remarkable as those of the primary reaction.

At this stage it is perhaps relevant to recall that vaccination, although compulsory in the British Army since 1802, was not made compulsory for the civil population until the Act of Parliament of 1853. During this time the majority of the cases of smallpox in the army occurred in the large towns where the disease was usually present, and among the army in Canada, smallpox occurred exclusively among those troops quartered in Montreal and Quebec. In this matter the military garrisons had become a protected class, and in the epidemics in Ceylon 1819, and Malta 1830-1831 and 1838-1839, the deaths among the troops were

appreciably lower than those among the civil population as a whole.

In the last hundred years smallpox has ceased to be a scourge of armies in the barracks and the field, as it has been in the past. The British army has never had an epidemic of smallpox as disastrous as that suffered by the French in the Franco-Prussian War of 1871, when they had 125,000 cases and 23,470 deaths. This has been the only outbreak of any magnitude since vaccination was made compulsory in military circles. Early in the 1914-1918 war there was an outbreak in the British army. In 1914 the attention of Medical Officers was drawn to the need to vaccinate all men as soon as they joined their depots, and only those that would be vaccinated were accepted. This state of affairs lasted only until 1916, when an Army Council Order allowed unvaccinated men to be enlisted.

Over the space of the last two hundred years the danger of smallpox in military communities has changed. With the intro-

duction of inoculation and vaccination, the incidence and mortality of the disease has been reduced, and, with the compulsory vaccination of the civil population, the risk of smallpox in the garrison towns has also been reduced. In recent years the compulsory vaccination of both civil and military communities has been waived, without, as yet, any ill effects. Current knowledge of the disease and its treatment has removed much of its horror and danger among the close community, and one can but echo the words of Dr. Pingle with respect to the smallpox. "As to the smallpox and measles, as they are never general, I shall not rank them with the epidemics of an army."⁴

1. NIVEN, MAJ. R. J. 1947 *Journal R.A.M.C.* 89.166
2. THURSFIELD, H. D.M. 1940 *Annals Med Hist.* 3.2.313.
3. Instructions to Regimental Surgeons 1803.
4. PRINGLE, J., M.D. 1775 Observations on the diseases of the army.

HISTORICAL DIAGNOSIS

Don Ulloa, Voyages to South America, 1735, I. 44.

THE Spanish city of Carthagena in Central America was first settled in 1533, and was destined to become the seat of a bilious complaint named by the Spaniards the Vomito Prieto, the first outbreak of which was in 1729. Don Antonio de Ulloa described this plague in his "Voyages to South America" vol. I p. 44, 1735.

"This distemper does not declare itself immediately after the arrival of European ships in the bay, nor has it been long known here; for what was formerly called Chape-tonadas, were only indigestions, which, though always dangerous in these climates, were with little difficulty, cured by the remedies prepared by the women of the country."

"The Vomito Prieto was unknown along

the coast until 1729, when Don Domingo Justiniani, commodore of the Guarda Costas, lost so considerable a part of his ships companies, that the survivors were struck with astonishment and horror at the havoc among their comrades. So sudden were the attacks of the disease, that persons walking about one day, were, the next, carried to their graves."

Don Ulloa described the symptoms as great oppressions in the breast, violent affections of the head, delirium that rendered the patient furious, black vomit, and death on the third or fourth day in the paroxysms of torture. The disease affected strangers only, and was never in the least contagious to the natives, and was no respecter of rank, the officers and the common sailors being affected equally.

A.M.W.

E

PROFILE

*Oh, vanity of vanities !
How wayward the decrees of Fate are ;
How very weak the very wise,
How very small the very great are !*

IT is tiresome that quotations never seem to be entirely appropriate, yet this one is of value if it is used to draw attention to the many elements of greatness contained in Gerry Taylor's little bulk. It cannot be denied that he is short of stature, and has hands which are absurdly yet perhaps conveniently small for the great purposes to which he puts them. Yet equally it cannot be denied that he has greatness of heart and head quite out of proportion to their mere size.

His great-heartedness is shown in the courage with which he faces formidable undertakings, and also by the understanding and compassionate way in which he shares in the problems of his patients. It is a popular fallacy that academic clinicians lack human sympathy, and some might be tempted to say that Gerry learnt to handle patients so gently when he was for a while in general practice; those who know him well know better.

The greatness of his brain is manifested by a rare combination of knowledge and wisdom. Mere knowledge he absorbs with avidity, and he showed very early his capacity for storing, sorting, and discerningly using what he had absorbed by gaining in the final Fellowship examination the highest marks in living memory. However, one of the signs of his wisdom is humility "that he knows no more", and he might have slipped away into a less distinguished career had not a fortunate circumstance determined his return to Bart's, where his clinical years as a student during the early part of the second war had passed unnoticed. When he came back in 1948 he was given his first opportunity of showing his ingenuity in research, a quality which was further developed by a year at Stanford with Professor Emile Holman and Dr. Frank Gerbode, and has since won him a reputation not only in the Medical Research Council and the Surgical Research Society in this country, but also in the estimation of the Professors who have

Gerard William Taylor

come from overseas to be temporary Directors of the Surgical Unit.

Humility is not the only sign of his wisdom, which is also shown by what seems to be a natural faculty for critical evaluation of his experience, which has enabled him to acquire a quality of clinical judgement rarely met with in a man of his age and scientific background. This same faculty makes him a first-class teacher, and his ability to make up his own mind and to explain how he does it is greatly appreciated by his dressers.



"How very weak the very wise"—this is only partly true, though its truth may be seen to be in the gentleness of the wise, and their belief in quiet perseverance when they want something, instead of blatantly fighting for it. This is Gerry's way, yet behind the gentleness and quiet perseverance lie tremendous stores of strong determination and tenacity of purpose in the pursuit of his ideals. And he isn't afraid of speaking out when circumstances require it.

Yet with all his virtues he is a thoroughly

good chap. He may have learnt self-reliance when trooping in the war, but as a Professor it is of greater importance that he enjoys collaborating with his fellows in his own and in associated scientific departments. He has a twinkle in his eye and a quick sense of humour, and therefore makes a

genial companion both on and off duty. His home is his principal hobby, and he shares with pride in the achievements of his versatile and enterprising wife. We therefore have confidence in wishing him happiness as well as success in directing the Surgical Professorial Unit.



THE NOT SO FROZEN NORTH

by A Tourist

MANY English people spend their holidays in Norway, and thousands are familiar with the magnificent scenery through which the railway passes from Bergen to Oslo reaching the snow line even in summer, and surrounded by snow-capped mountains rising to over 5,000 feet. Not so many, however, have gone up to the north, the land of the Midnight Sun, the land of the Lapps, and most of those who do make the trip are Americans. Such a trip, however, is well worth while and is full of surprises and points of interest.

At one time it was distinctly "non U" to travel in a crowd as a tourist, but such a procedure has its advantages. The alternative is to drive one's own car, but it is not all joy driving on Norwegian roads with a great many "hairpin bends", and one always seems to be on the precipice side of the road. Incidentally the right hand drive is a help in such cases and I noticed that in most of the long distance buses the driver sits on the right.

Again one has to pack and repack each day at a new hotel, it is much more convenient to take one's hotel with one, i.e. a ship. No, I am not an agent for a shipping company. Of course, to have one's own yacht would be ideal, and we passed the Norwegian Royal Yacht as the King went south after doing an extensive tour of the north, and some people with optimistic binoculars say that they saw him on the bridge.

Another advantage of travelling in a crowd is the possibility of meeting some interesting people. One such person was a naturalist, whom it transpired was a King's College man and a contemporary of mine at Cambridge, although we had never met. He had spent much of his life in Australia, where during the war he was a member of the Government Science Board. He told me an interesting story of the "Cactus pest" in Australia, where at one time the area of land rendered incapable of cultivation totalled more than the area of Ireland. At that time my friend heard that in America, where in some very dry places cactus is cultivated for a rather poor fruit, there was an insect which destroyed the cactus. He imported this insect into Australia and now there is practically no cactus.

Our ship, the "Ragnvald Jahl" a 2,000 ton coastal boat, called at 31 ports, some of them again on the return journey. We were lucky in having a cabin on the top deck with a shower bath, etc., attached. Most of the time we were protected by islands but when in the open sea the ship reacted to the rollers coming in from the Atlantic or Polar oceans, and the high position of our cabin accentuated the motion, but the movement was very quick, like a rowing boat, so very few people were ill and the dining room was always full. There were, however, casualties among the teacups, deck-chairs, and a table.

Those people who have ever travelled in a Scandinavian ship will remember the excellent food provided. At breakfast and supper there is a "smorgåas bord" or "walking table" on which I counted 24 different cold dishes in addition to jam, marmalade, etc. A hot course is also provided, egg and bacon, fish, or soup, etc., the Norwegians have good appetites second only to the Dutch. I was once sitting next to an R.N. sailor at a Lyons Corner House, and remarked on his good appetite. He said "Yes, but you should see the Norwegian's, they are the 'seventh wonder of the world'", and then he added "but they are the Salt of the Earth". He did not know that my wife is Norwegian.

We left Bergen as usual in the rain. I did once see the sun shine in that town, and noted the picturesque old Hanseatic houses along the quays. A great many of the towns at which we called had been completely destroyed by the Germans when they retreated, and they are now being rebuilt. In the north the usual pattern is a concrete foundation and cellar with a square wooden house on top, but painted different colours which give the street a bright appearance. In the south more brick and stone buildings are being constructed. Christiansand is a good example of a town which, Phoenix-like, has arisen from the ashes.

On such a journey one has time to observe the costumes of one's fellow travellers, especially those of the young fair sex, but it would be wrong for a conservative old man to pass judgement. Some of the crinoline frocks had names and designs printed on them in large letters. One had "Moulin Rouge" written on it, but the serious face of the owner did not suggest that place of enjoyment. Tight jeans of all colours may be practical, but the same can hardly be said of the spike heels on a rolling deck.

One of the towns visited, Alesund, is of interest as being the original centre of the Vikings, and many interesting remains have been dug up. It is proposed to empty part of the fjord in the hope of finding some of the old ships.

The town of Trondheim was at one time the capital of Norway and was founded in the 9th century, but most of the original town was destroyed by fire in 1681. The Cathedral, a magnificent building, was originally built in 1320, but since then has suffered from fire on more than one occasion.

The oldest part is of Norman architecture, but most of it is Gothic. It is still being restored. It was here that St. Olaf the patron saint of Norway was buried and pilgrims come from all over Norway, but his body was removed during the Reformation and has never since been found. Near Trondheim is an island from which Lief Erickson started his famous journey to Greenland, and which ended in his discovery of America about A.D. 1000.

Talking of churches, there are at Harstad examples of the oldest church and the most modern in Norway. The former, actually at Trondenes a few miles out, originally built in 1100 was rebuilt in 1250 and is a fortress church with walls 8 feet thick. The modern one is very colourful and ornate inside and has a large glass window stretching across behind the altar with many green plants growing inside. Another very beautiful modern church (a small cathedral) is to be found at Bodo. It is built entirely of concrete with a fine coloured glass East window and large hand woven symbolic mats hanging on the walls. The acoustics are improved by holes 10 cm. in diameter drilled into the walls, four of them per square yard.

Near Trondheim is an interesting collection of old musical instruments. Each room is dedicated to one of the old masters, and in several cases contains the instruments played on by him.

The visit to the Lofoten Islands is of interest as in this small area are over 30,000 fishermen who go out in trawlers, and export fish all over the world. The soil grows nothing, and was described by my naturalist friend as the poorest he had ever seen. There is a nice story that when the world was created, Norway was the last part to be formed, and by that time there was very little material left except rocks. Even those were in short supply, and it was therefore found impossible to complete the original plan of extending the earth to the North Pole, and the best that could be done was to drop the remaining rocks into the sea, the Lofoten islands being some of these. The Lofoten people, however, are well off thanks to the fish, and are smartly dressed. Not very long ago the inhabitants had the reputation of being dirty and not too moral. During the war many of the women were evacuated to England, and some of them were brought to the Bart's ante-natal clinic.

On one occasion the Norwegian Red Cross escort was severely ticked off by a member of the consultant staff who said "Nurse see that your patient is properly washed before bringing her again" to which the nurse meekly replied, "Yes Sir". Later I introduced him to the nurse, my wife. Another occasion a patient from those northerly islands pleaded "it was her first mistake" not realizing that an obstetrician can check up on such a statement. It is curious that people who live in the Lofoten Isles say they would not live elsewhere in spite of the complete winter darkness which lasts from the end of November to the end of January. There is no accounting for taste.

It is curious that although the Lofoten Isles are so infertile much further north there are splendid small farms, and large strawberry beds, the fruit of which we found was large and sweet. Our friend pointed out that many plants found in England are much larger in the North of Norway. On the way north we passed a cliff, the breeding ground of many thousands of sea birds, chiefly "Kittiwakes". The horizontal ridges of these rocks were outlined by these white birds, rather like festooned strings of pearls. After two or three rockets had been fired there was a dense cloud of birds. Another interesting sight was a mountain with a natural tunnel right through it over 500 feet long and about 170 feet by 80 feet in diameter, and there is a pretty fairy story told as to its origin.

One of our ports of call was Hammerfest, the most northerly town in the world, but the temperature one day was 70 deg. F. The north of Norway owes its prosperity to the Gulf Stream which keeps the ports open all the year round. In Hammerfest is the world-famous "Findus" fish factory, indeed the whole town reeks of a fusty smell which seems to be a mixture of diesel oil, fresh fish and fried fish. Curiously enough inside the factory only the smell of fresh fish existed. On visiting the factory we put on white overalls, but whether to protect the fish or our clothes was not stated! Everybody in the factory wears clean white overalls. Inside we saw the ice packed fish as it comes from the trawlers which is then sorted, washed and put into the deep freeze. It is then cut up and put on conveyor belts. Women then take it and fillet it, removing

all bones, and put it on another conveyor belt to be packed. Some of it is made into "fried fingers", which many of us have bought in England. The women are mostly paid by "piece work" and become exceedingly expert. They rest five minutes in each hour, but owing to the noise conversation is impossible, and they lip read. Every town or village connected with fishing has "drying poles", which are arranged in arches about 15 feet high and 10 feet at the base. These arches are about 3 feet apart connected by horizontal laths about two feet from each other; in this way a tunnel is formed 200 to 300 yards long. On these thousands of fish are hung up to dry. Most of it is exported to Catholic countries, it is not often seen in England. At Hammerfest we saw the Midnight Sun at 10 p.m. when it was still about 5 deg. above the horizon, but alas after that it was blacked out by a rain cloud, nevertheless at midnight it was still easy to read a book on deck.

Eventually we reached the North Cape, the most northerly point of Europe, a cliff rising 1,000 feet out of the sea. A zigzag path and many wooden steps lead to the top, a breathless performance for the elderly, and some remained on the ship. A ship's officer brought up the rear of the party and signalled to the ship that we had all survived, and the ship left to meet us at the next port. From the Cape we went by bus for many miles over very wild moorland, a few reindeer were seen. We visited a Lapp settlement where the people were dressed in their colourful costumes for the benefit of the tourists. They showed a tent made of reindeer skins, but lived in wooden huts. It is said that some of the more nomadic tribes still use tents. There was a very fine herd of reindeer, and the people sold souvenirs, fur boots and shoes, etc. We then joined the ship and eventually reached Kirkenes, the turning point of our tour. This is quite close to the Russian frontier.

On the return journey we called in at many of the same ports and said goodbye to our fellow passengers in Bergen. After a very pleasant stay in a cottage with a friend in the mountains and bathing in the lake we said "Au revoir" to Norway, and its cheerful, friendly, smiling people whom the tribes rightly described as the "Salt of the Earth".

THE QUESTIONNAIRE: ASPECTS OF MEDICAL EDUCATION

by P. J. Watkins

THE three questions on Medical Education deal with the integration of parts of the medical curriculum, the desirability of a tutorial system, and the popularity of individual subjects. Those coming from Oxford and Cambridge have experience of tutorials, and it is interesting to compare their answers with those of the London students who have not. On the matter of integration, none has yet any experience, and it therefore seems appropriate to include a few words on such systems.

Question:— In some medical schools, the teaching of clinical and preclinical subjects has been integrated; i.e. clinical conditions and associated pathology produced by diseases of an organ or system are studied at the same time as its anatomy and physiology. Do you think the teaching at Bart's should be: completely integrated; left as at present; or partially integrated?

Two ways of integrating medical studies have been attempted—so-called “horizontal” and “vertical” systems. The recent Birmingham scheme provides one example of horizontal integration of preclinical studies—namely, of Anatomy, Physiology and Biochemistry. The scheme has been regarded as successful; Zuckerman and Gilding, the Professors of Anatomy and Physiology respectively, add: “The ultimate aim in any system of integration would clearly be for the same lecturer to be responsible for both the anatomical and physiological teaching in each particular field”¹ This attitude is a good sign of the present trend away from over-specialisation.

At Aberdeen schemes of both “horizontal” and “vertical” integration have been attempted. The former is represented by discussions of patients between physician, anatomist, physiologist and students—a valuable and stimulating method of learning, not, one must add, restricted to Aberdeen, but well developed in the reformed curriculum in Germany, and not unlike conferences of the clinico-pathological type which are a feature of many medical curricula (though unfortunately not that at Bart's).

“Vertical” integration has been tried in

Aberdeen, by a return to anatomy, when students reach the stage of ophthalmology and E.N.T. Anatomy is a subject which has been “vertically” integrated in many schools, especially in the United States: the tendency is for a shorter preclinical anatomy course (for example, University College, London, have shortened their course by 100 hours) and to develop more extensive (i.e. applied) anatomy during clinical years.

Other subjects lend themselves to similar treatment. Pathology, for example, is most usefully learned preclinically, and resumed in later years with a different bias as, say, surgical pathology. Trends in psychology² too, show that it is useful if normal human psychology is taught preclinically before one embarks on the study of psychiatry in the later clinical years (a system already established at Sheffield and at Bart's).

In the United States, extensive (and expensive) schemes of integration (both “horizontal” and “vertical”) have been introduced. In some schools, paediatrics, obstetrics and gynaecology, for example, are introduced at the preclinical level.³ These subjects, after all, cannot be considered solely from the pathological angle, the physiology of children and that of pregnancy are surely only ramifications of normal physiology, and might well be introduced at a time when the mind is well exercised in this subject.

Other schemes are infinitely more complicated, and attempts to co-ordinate, for example, the basic sciences with obstetrics, psychiatry, and anthropology, have been made. In another course (Colorado University), the first week is spent in a rapid dissection of tiny cadavers ranging from the fifth foetal month to term in order “to help the student to see the need of a thorough understanding of the growth, development and adaptations of a human being”. The value of these courses is not yet clear, but certainly they show a live interest in the techniques of medical education. However, in all this turmoil, it is well to take heed of Dr. Whitehead: “Knowledge and insight won for oneself are infinitely preferable to the predigested offerings of modern paternalism”.⁴

The answers to this question are shown in the table below.

	LONDON		OXFORD		CAMBRIDGE		OTHERS
Completely integrated	26	<i>11</i>	7	<i>35</i>	4	<i>6</i>	1
Remain as at present	105	<i>36</i>	6	<i>30</i>	32	<i>46</i>	0
Partially integrated	148	<i>51</i>	7	<i>35</i>	31	<i>45</i>	2
(Didn't answer)	(9)				(2)		

Figures in italics represent percentages.

Discussion of the results

In the light of the preceding discussion, we must review the findings of the present questionnaire. One must assume that by "complete integration" is meant some radical scheme involving horizontal and vertical components, and by partial integration it must be assumed that one or other of the horizontal or vertical schemes might be attempted.

The answers to this question show that there is an almost equal division between the conservatives who would prefer to continue with the present system, and those in favour of partial integration. While it is interesting to find that a high proportion (37 per cent) of people are satisfied with things as they are at present, it is significant that more (60 per cent) are not. Whether these are largely people who want change merely for the sake of a change, or whether most of them feel more seriously about the subject of integration, is not immediately obvious; what is suggestive of a serious approach is the fact that 45 per cent of the Cambridge students are in favour of partial integration in spite of the fact that for those coming from Cambridge there is the least possible chance of integration as long as there continues to be no clinical teaching there.

The Oxford votes were distributed more or less equally over the three possibilities, and although the numbers were small, it is interesting that relatively so many (35 per cent) should want complete integration. Exactly why the Oxford vote should show this difference of distribution is quite inexplicable!

References

Much of the information for this summary was taken from the First Report of the Report on Undergraduate Medical Education in Great Britain and Northern Ireland made by the B.M.S.A. in 1956.

1. ZUKERMAN S. and GILDING H. P. (1953), First World Conference on Medical Education. Proceedings, O.U.P., London (1954), p. 243.
2. Report on the teaching of psychiatry and psychological medicine in British Medical Schools prepared for the B.M.S.A. by Roderick. N. M. MACSWEEN, 1958-59
3. H. CHRISTENSEN, *Medical Education in the U.S.A.* St. Bartholomew's Hospital Journal, November 1959, p. 292.
4. WHITEHEAD, R. (1956), *Brit. Med. J.*, 2.492.

Question:—*Would you favour an individual tutorial system as part of the teaching?*

A LARGE number of people have indicated that they would favour a system of individual tuition. Taken in its strictest sense this would be utterly impracticable, and Oxford are still the only place where this is available. It is encouraging to see from these results that those who have been at Oxford are, in spite of or because of the experience, still in favour of the system (85 per cent). A few seem to be against it (10 per cent represented by 2 people)—unfortunately there is no means of knowing why.

The system of tuition in small groups (2-4) as one finds at Cambridge, is probably of more value to the average student than individual tuition, which seems more suited only to the few first-class minds who have the opportunity to pick their master's brains! Group tuition allows for free discussion, guided by the tutor, and is probably one of the best and most stimulating ways of learning. The Cambridge vote once again shows that having experienced the system most (73 per cent) still deem it a successful one, although there is a discouraging 17 per cent—again, why? Perhaps they were unable to prepare their essays in good time!

A significantly high proportion of the London students (80 per cent) are asking for a tutorial system; 12 per cent were undecided, but this is excusable in a community in which there is no previous experience of teaching of this kind.

Comment

The necessity for tutorials for preclinical studies is very great, otherwise the course is largely unrelieved of "fact-finding" by lectures and practicals. With regard to clinical teaching, it is important because although ward and outpatient teaching is already conducted with groups occasionally of a reasonable size, there is no scope whatever for the consolidation of ideas by discussion, the necessity of which provides the vital indication for a tutorial system. There is certainly one "firm" in the hospital which meets once a week to discuss a student paper under the guidance of the registrar: an idea of this kind could profitably be more widely developed.

An addendum to this article would be to suggest the idea of a tutor "in loco parentis" as established by some universities: one feels that this would surely advance the relationship between students and staff, which is at present rather limited.

	LONDON		OXFORD		CAMBRIDGE		OTHERS
Yes	226	<i>80</i>	17	<i>85</i>	54	<i>78</i>	2
Undecided	36	<i>12</i>	1	<i>5</i>	3	<i>4</i>	0
No	25	<i>8</i>	2	<i>10</i>	12	<i>17</i>	1

Figures in italics represent percentages.

Question:—*In what subject (of those you have studied) do you think teaching at Bart's is Best/Worst?*

THE answers to this question are presented so as to indicate the popularity of subjects during each year of the course. Any subject which scored fewer than 8 votes has been ignored. It is also probably true to say that comments made by final year students on subjects taken many years earlier should probably carry more weight than comments made on more current studies.

Thus, in the second preclinical year, physiology and anatomy vie with each other as the best taught subjects (1st and 2nd places respectively), and at the same time they take 2nd and 3rd places (respectively) as the worst taught subjects. This apparent contradiction is probably a good indication that the subjects have aroused considerable interest, and for better or worse, are high on the list of talking points. They are similarly placed in the 3rd preclinical year (3rd and 2nd best, 1st and 2nd worst respec-

tively), and later in the 1st and 2nd clinical years, physiology continues to take 2nd place as the worst taught subject.

High at the top of the poll in the 3rd pre-clinical year comes the teaching of pharmacology, and it is significant to observe that during the 1st clinical year, in the face of the many new subjects encountered, it is still considered the best taught, and by the 2nd clinical year, it comes 2nd only to surgery.

Surgery, after standing 2nd to pharmacology in the 1st clinical year, comes out well at the top by the 2nd year, and is again forced to 2nd place in the 3rd year by obstetrics and gynaecology, and it is significant that it maintains a high place for the entire period during which it is taught. Pathology maintains first place as the worst taught subject throughout the three clinical years.

In the final year, obstetrics and gynaecology appear well at the top. Therapeutics and Pathology tie as the worst taught, and are followed closely by "Specials".

Comment

Some general comments may be made at this point on some of the reasons for the popularity or not of the teaching of the various subjects. In general it may be said

that successful teaching, from the student point of view at least, depends on the care with which the course is organised, its co-ordination with other departments, on the existence of tutorial groups or other possibilities for organised discussion, and on the individual attention which students receive. Two courses are exemplary in this way, and are accordingly popular: obstetrics and gynaecology is an example of a course in which systematic lectures, discussion groups ("midder grinds") and in-and-out-patients are well co-ordinated, and provide a most stimulating six month course. The individual attention which students receive in this department is greatly appreciated, and is one important result of reasonably small classes. This is an important factor in determining the value of any particular form of teaching, and on the whole, it is time to say that groups (especially those in Out-Patients) are too large—Similarly, in the pharmacology course there is a good balance between theoretical and practical work, and tutorials in small groups form a regular feature.

The difficulty of Pathology is surely the result of an unbalanced course in which too much time is devoted to Bacteriology and too little to Pathology in which attempts are

	YEAR	BEST	WORST
	1st	1. Chemistry <i>14</i>	1. Biology <i>9</i>
PRE-CLINICALS	2nd	1. Physiology <i>24</i> 2. Anatomy <i>22</i> 3. Physics <i>8</i>	1. Histology <i>10</i> 2. { Physiology } <i>9</i> { Chemistry } 3. Anatomy <i>8</i> Biology
	3rd	1. Pharmacology <i>46</i> 2. Anatomy <i>11</i> 3. Physiology <i>8</i>	1. Physiology <i>26</i> 2. Anatomy <i>16</i> 3. Biochemistry <i>9</i>
CLINICALS	1st	1. Pharmacology <i>18</i> 2. Surgery <i>8</i>	1. Pathology <i>12</i> 2. Physiology <i>9</i>
	2nd	1. Surgery <i>20</i> 2. Pharmacology <i>8</i>	1. Pathology <i>16</i> 2. Physiology <i>8</i>
	3rd	1. Obst. & Gynae <i>47</i> (2. Surgery <i>4</i>)	1. { Pathology } <i>11</i> { Therapeutics } 2. "Specials" <i>8</i>

The figures in italics in each column represent the numbers who voted for the individual subjects.

made to teach a fantastic amount in a relatively very short time: the result is that lectures are very much compressed and rather unsatisfactory, and it is quite utterly impossible for students to maintain the pace in their reading. There is also no adequate tutorial system: that existing is, generally speaking, infrequent and unwieldy.

That therapeutics is considered the worst subject of the final year is not surely because of bad but inadequate teaching in this extremely important subject. The course is of very limited length, comes but once a year, and that at the least advantageous time in relation to Part I. There are, of course, no

tutorials in the subject, and knowledge gained in this subject from ward rounds is fairly limited because of the very nature of the ward round.

The "Specials" course exemplifies most of the undesirable features which have been outlined in this commentary. For example, the groups are almost invariably too large; there is an almost total absence of any practical work (i.e. the examination of patients), and there is no scope whatever for discussion. Fortunately with the revision of the medical curriculum, and the return of the departments at Hill End, teaching of the special subjects should soon be considerably improved.

STUDENT INTEREST IN THE JOURNAL

IT has been quite an interesting revelation to find out just what people read, and one hopes that the results shown below will be of some help to future editors.

Question:—*Do you intend to take the Hospital Journal after you qualify?*

IT was disappointing to find that while 65 per cent of the preclinicals had decided to take the *Journal* after qualifying,

only 38 per cent of a riper age and nearer the day of qualification, were inclined to do so, and some 23 per cent had definitely decided that they would not. Whether this represents an increasing disinterestedness in "current affairs", or the unacceptable standard of the *Journal*, one cannot tell: either way it is unfortunate, and one hopes that whichever is at fault may quickly be rectified. As usual, a large percentage (35 per cent) were undecided—rarely a happy state!

	PRECLINICAL		CLINICAL		TOTAL	
Yes	111	65	78	38	189	50
Undecided	54	32	79	39	133	35
No	5	3	46	23	51	14

Figures in italics represent percentages.

Question:—*Mark any of the following that you read regularly in the Journal.*

IT is encouraging to editors to find that 67 per cent of students read the Editorial, and one only hopes that this is really true. Less encouraging is the observation that some of the most popular features of the *Journal* are those to which students are least likely to contribute. For example, humorous articles hold sway at the top of the poll (75 per cent), but few are ever received; similar comment may be made of Letters to the Editor (63 per

cent). The item labelled "News" was also popular (68 per cent), and it is to be hoped that the recent expansion of this section of the *Journal* will meet this demand.

At the other end of the scale come verse (39 per cent) and Travel Articles (36 per cent). It is not easy to see why this should be, and one must postulate that either people are simply not interested in such articles, or that the standard is inadequate; certainly every effort is made by the Publications Committee to maintain this standard, and the selection of these types of articles is par-

ticularly rigorous. Surprisingly, Book Reviews came low on the list (37 per cent), and one really wonders why more people do not read about the books on subjects which sooner or later they will have to study.—And is it really true that only the 43 per cent who read the "Births, Deaths, etc" columns care about the fate of their colleagues?

In the middle of the list come Medical Articles (59 per cent), which seems an encouragement for more such articles; and at 52 per cent, Sports News would appear to justify the relatively large amount of space given to it in the *Journal*.

Perhaps the 24 per cent who read the Advertisements never reach the Editorial!

	PERCENTAGE OF TOTAL	PRECLINICALS	CLINICALS
1. Humorous Articles ...	75	132	149
2. News	68	107	150
3. Editorial	67	114	139
4. Letters to the Editor ...	63	104	134
5. { Medical Articles } { General Articles }	59	104 103	120 118
6. Sports News	52	90	105
7. Births, Deaths, etc. ...	43	55	108
8. Verse	39	66	82
9. Book Reviews	37	63	78
10. Travel Articles	36	85	90
11. Advertisements	24	41	48

DEVIZES TO WESTMINSTER

by R. Courtenay Evans

WHILE many of us were enjoying a few days of relaxation, with perhaps the odd visit to Goodwood or a point-to-point, three crews under Bart's colours were spending their Easter holiday competing in the Devizes to Westminster canoe race. This annual marathon consists of 125 miles of waterways—the first 50 from Devizes to Reading is over the shallow weed-strewn disused Kennet and Avon Canal, linking the east coast to the west and necessitates the portage of boats over 50 locks and the passage of the Savanake Tunnel. From Reading home the course follows the picturesque Thames valley, a less arduous stretch where riverside hostelries outnumber the locks.

The 130 crews competing could start at any time from 8 a.m. onwards and our three canoes, contemplating making a weekend of it, got off with the first rush soon after eight on a chilly overcast morning. Our boats were heavy, collapsible kayaks, more in the luxury touring class than the slim fibre glass and shell built craft of the seasoned competitors. They were laden with the compulsory gear of a tent, sleeping bags, cooker, spare clothing and rations; and in spite of using sheet sleeping bags and a makeshift tent of polythene and rope for lightness (we were not anticipating stopping for the night!) the canoe bent like a banana as it was carried to the start.

Once on the water, we settled down to a steady but leisurely pace heading for the first lock. Nevertheless over this first lap of fourteen miles there was a steady flow of competitors past us going at a less leisurely

stop of half an hour.

We reached Newbury at dusk 35 miles from Devizes wet but satisfied. There under a bridge we changed into dry clothes and donned our "yellow suits"—ex R.A.F. sur-



Patrick Ward, by courtesy of The Observer

pace. Four hours later we reached the lock, hurriedly jumped ashore and dragged the boat along the grassy towpath. We reached the other end of the lock just in time to see the marine crew ahead of us rip the bottom off their boat on a submerged spike and so their ordeal was over for another year! Locks appeared regularly every 200 yards for the next two miles. In spite of the obvious danger to the keel our dragging method of portage seemed as efficient as any, but an endeavour to produce a really snappy effect for the benefit of a press photographer ended in humiliation as we both simultaneously slid down the four-foot bank into the mud at the edge of the canal.

After several hours the rain started, and we felt glad of our amateur status as we buttoned on the waterproof spray cover, a luxury denied to the hardy paratroopers and marines. It continued to pour all Friday afternoon and evening and contributed to our first disaster when Humphry Ward slipped on some wet grass and broke the rudder. This was roughly repaired with a stick and string and we pressed on after a

vival suits made in 1942 for airmen down in the drink—straight from the Commercial Road! Feeling traitors to our civilian status we downed a quick brandy and set off for Reading.

A lone marine doubled up with stomach cramp drifted downstream. Night fell and a mist began to rise from the water. In spite of our headlamp the locks became increasingly hazardous, then at 10.30 disaster struck! A rending jar under the waterline told us that we had hit a submerged obstruction. Initially all seemed well to our great relief, but soon after it reached me in the forward position. We pulled the boat ashore, tipped out several gallons of water, and discovered a large gash in the canvas. After an unsuccessful attempt to patch it our frustration and disappointment waxed steadily, not relieved by the thought of our cynical colleagues on Tuesday morning. However, surgery provided the answer, and having procured a needle and thread we stitched

up the rent to give a reasonably waterproof mend.

Meanwhile one of the other Bart's boats manned by Bernard Watkins and Peter Joy had passed us in apparently good form. We refloated the boat and found the leak temporarily stemmed. The mist by now had thickened reducing the visibility to about 5 yards and the banks were strewn with abandoned and damaged canoes. Then once again the water started to seep through and soaking wet and dejected at 1 a.m. on Saturday morning we felt compelled to "jack it in" at the next lock. But here our luck changed and we met two congenial soldiers who had discovered a nearby barn which proved to be dry and full of hay. Here in view of the adverse conditions they had decided to bed down until dawn and we gratefully accepted their offer to join them.

The dawn was fine and our spirits were further raised by the arrival of Watkins and Joy who, having spent the night in a deserted pillbox, looked even colder than we felt and so once again we decided it was County Hall or bust!

In the daylight two more holes were found in the canoe and repaired, and so almost 24 hours after the start we set off again still 10 miles from Reading. The boat was leaking much less now (only having to be baled every hour) and by 11.30 a.m. we had seen the last of the Kennet and Avon Canal. We reached Reading as the Aldermaston marchers passed over the river and we felt that we might at least beat them to the Metropolis!

We headed uneventfully down the Thames by-passing Shiplake lock by a fast flowing backwater and reached Henley early in the afternoon. Here we dropped in at Leander for a wash and brush-up before facing a force seven headwind up the Reach. At Marlow we heard that a Special Air Service crew had reached Westminster in 23 hours. We had been going for about 32! It was now just a long grind to the finish and we enjoyed a beautiful sunny evening through Bourne End, Cookham and Maidenhead. Here we noticed considerable excitement and on closer inspection we found several cabin cruisers blazing fiercely in the evening breeze. Among the wreckage drifting downstream was the upturned keel of a kayak canoe!

Night fell once more and we teamed up

with a Royal Pay Corps crew with whom we could just about keep up! Between us we now worked the remaining locks in order to relieve our battered canoe the rigours of portage. At one of these locks we again met Watkins and Joy who had decided to camp out another night before coming up on the morning tide.

Early on Easter Sunday morning we passed two frozen parachutists whose fibre glass canoe had split several hours before but it was not until now that they had received permission from their H.Q. to bivouac for the night. By Molesley lock fatigue and the cold was beginning to get the better of us. Mutual irritation rose to a climax, conversation became incoherent, and every floating log or swan appeared like a kayak canoe. So five miles from the tideway at Teddington with the next high water at 8 o'clock, we knocked up the night lock-keeper who, after a few bronchitic grunts, put his tiny office at our disposal. Within minutes, after a cup of self-heating soup laced with brandy, the four of us were asleep, draped in macabre positions round the room.

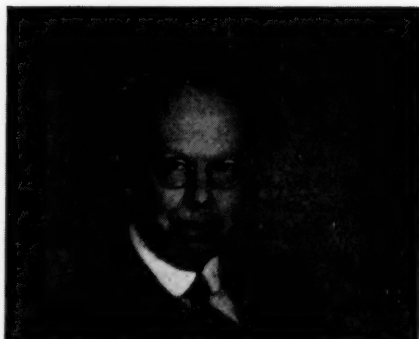
Two hours later, warmed and refreshed, we set off and reached Teddington soon after high tide. The end now seemed very close, especially when the lock-keeper cheerfully announced that we would be home in two hours. So stimulated, we really cracked off down the Tideway imagining the Houses of Parliament to loom up round every corner. By Kew our finishing spurt had finished and a strong head wind just about cancelled out the flow of the ebb tide. This continued to the finish, whipping the river into an enormous millpond from Battersea onwards and when the Mecca of County Hall finally appeared we really felt that this was "the Poor Man's Everest" as Chris Brasher had called it in his article for *The Observer*. We had completed the course in just over 51 hours. Watkins and Joy came in a couple of hours later, arriving just as the tide turned, and Dupré and his partner turned up the following morning after 71 hours in their boat.

OBITUARY

*Conrad Meredyth Hinds Howell**M.A., D.M. (Oxon), F.R.C.P.*

Dr. C. M. Hinds Howell, who was consulting physician to Bart's and to the National Hospital, Queen Square, died on May 9th after a short illness, at the age of 83. He was educated at Marlborough, Trinity College, Oxford, and Bart's. At Oxford he obtained a first-class in the final honour school of natural science (physiology) and came to Bart's with a senior entrance scholarship. He was awarded the Kirkes scholarship and gold medal, the Brackenbury scholarship in medicine and the Lawrence scholarship. He qualified M.R.C.S., L.R.C.P. in 1902 and B.M., B.Ch. (Oxon), in 1903. He obtained the M.R.C.P. in 1905, D.M. (Oxon) in 1908 and was elected F.R.C.P. in 1912. After qualification he was appointed house-physician to Sir Dyce Duckworth and subsequently worked as demonstrator of physiology and pharmacology, medical registrar and casualty physician at Bart's, and registrar and pathologist at the National Hospital. In 1908 he was appointed physician to the Royal Northern Hospital and in 1912 assistant physician at the National. He became assistant physician at Bart's in 1920 and resigned his appointment at the Royal Northern shortly afterwards. In 1930 he was appointed physician and in 1937, under the retiring age of sixty in force at that time, he retired from the active staff when he was senior physician. At the beginning of the war, however, he returned to work at Hill End till 1946. He was Vice-President of the Medical College for five years. He continued on the active staff of the National Hospital till 1942 and was for a time Dean of the post-graduate medical school at that hospital. For varying periods Dr. Hinds Howell held consultant appointments at Finchley Memorial Hospital, Harrow and Wealdstone Hospital and the cottage hospitals at Uxbridge and Potters Bar.

He played an active part in the work of the Royal College of Physicians, holding the offices of councillor, censor and senior



censor, and he was also treasurer of the college for four years. For twelve years he was on the committee of management of the conjoint board, being chairman of the committee for four years. He was an examiner for the Universities of Oxford and London and for the conjoint board. In 1935 he was president of the neurological section of the Royal Society of Medicine, giving his presidential address on arachnoiditis, and he was a founder member of the Association of British Neurologists.

H.H. (as he was usually called) was both an outstanding neurologist and a general physician of wide knowledge and experience. He was a first-class teacher, especially in the wards and out-patients, where he concentrated on basic principles and the methods of examination and avoided the recondite and the obscure. He developed a method of injecting the Gasserian ganglion under general anaesthesia for the treatment of trigeminal neuralgia, a difficult procedure but one in which he only rarely failed. He was one of the kindest and most understanding of men and showed these qualities repeatedly in dealing with his patients and with those who worked under his supervision. During his late fifties and early sixties he had a succession of illnesses which

he faced up to with great fortitude and cheerfulness, and for the last twenty years of his life he was full of energy and was working until a week before his death.

As a young man he was a keen cricketer and was in the Marlborough first eleven for three years; and for many years he captained the Past in the annual Bart's Past versus Present cricket match. At Oxford he repre-

sented the university for three years at fencing, winning his matches against Cambridge on each occasion. Later he became a good golfer and a keen fisherman.

He married Mabel Gulland, an Edinburgh medical graduate, in 1905; she died in 1958 and he is survived by his three sons, one of whom is a doctor—Dr. C. A. Hinds Howell.

LETTERS TO THE EDITOR

FAITHFUL SUBSCRIBER

Dear Sir,

My daughter is typing this letter for me. I am now in my 91st year. For a considerable time, owing to failing sight, I have been unable to read the Journal myself and have had to rely on the goodwill of others to read it to me. With deep regret I am not continuing my subscription to the Journal, which over very many years has so greatly contributed to my pleasurable and informative reading. I shall always have the happiest memories of St. Bart's Hospital, its excellent teachers and its Journal—pre-eminent in varied activities.

My kindest thoughts and wishes are with them all, always. May they ever continue and increase all their very fine work as the times change and years roll swiftly by.

Yours sincerely,

ERNEST E. H. SAWREY.

7 Narveno Court,
Hawthorn,
Melbourne, E.2.

One of the 38%. See page 208. Ed.

SQUASH COURTS

Dear Sir,

I feel that the editorial in last month's issue of the Journal is based on two misconceptions. As Secretary of the Squash Club at the time referred to in the editorial I feel that some elucidation of the relevant points is necessary.

The first misconception concerns the relationship between the Student's Union and its constituent clubs. One of the chief functions of the Student's Union is to allocate money derived from Student's Union subscriptions to the Clubs. The

amount of money available is not unlimited. Thus many clubs find it necessary to raise additional funds. Most of the larger clubs do this by way of dances or sweepstakes. The Squash Club chooses to do it by imposing a sixpenny booking fee payable whenever a court is booked. Although this must be approved by the Student's Union, just as dances must be approved, it does not seem to me to be a measure to which they could reasonably object, for reasons which will appear below.

The second misconception seems to me to be the Editor's idea of the membership of the Squash Club. By virtue of their membership of the Student's Union all students of the Medical College are entitled to membership of the Squash Club. The club does not consist only of those comparatively few people who represent it in matches, it consists of all the squash players of the College. These people are the only ones affected by the booking fee. If they object to the fee it is really up to them to raise the matter at the Annual General Meeting of the Squash Club. Since squash matches are played in the evening our opponents have to be provided with a meal rather more substantial than the tea provided by other clubs, and, for this reason, considering the number of active squash players in the College, our expenses are relatively high.

I feel that it is preferable to ask for a comparatively small grant from the Student's Union and supplement it with booking fees, than to ask for a large grant and make no effort to raise money within the Club. I should have thought that efforts by individual clubs to raise money on their own initiative would have been worthy of praise rather than of blame.

Yours sincerely,

C. J. BEARDWELL.

Abernethian Room,
St. Bartholomew's Hospital.

DRUDGERY

Dear Sir,

Your May number explains your March number's reference to "pre-registration drudgery" by saying that Bart's house jobs are not drudgery but provincial house jobs are.

Those of us who are on the visiting staffs of Provincial Hospitals will be sad to read this, and greatly helped to know how to change the conditions of our residents, strike off the shackles, pile on (maybe) the shekels, and "attract" a bigger and better entry. I would remind you that there are hospitals serving populations of several hundred thousands not much more than 50 miles from London having (to quote my own) visiting physicians (Bart's men) with F.R.C.P.'s and surgical colleagues of equal status, where clinical material is ample and clinical experience extensive, and contact with local G.P.'s capable of development to assistantship and partnership. The country is near, the sea nearer, social opportunities frequent. And if the art is long, the experiment difficult and the life short, is that truly drudgery?

But anyhow, please tell us what your pre-qualification readers would like and we will do our best.

Yours faithfully,
W. A. BOURNE.

46 Wilbury Road, Hove.

Dear Sir,

I am glad that Dr. Lindsey W. Batten took you to task for your remarks about pre-registration house jobs. Your footnote to Dr. Batten's letter serves only to underline your ignorance of conditions in what you disdainfully describe as "the provinces". Whilst it is true that conditions can sometimes be very discouraging in certain understaffed hospitals, especially up north, there are innumerable first-class house jobs available within fifty miles of Bart's.

It is an excellent thing to do a house job in one's own teaching hospital, but a resident who works in a good regional hospital gains far better all round experience than in the London schools. Teaching hospital experience in London is often far too specialised; provides too little opportunity for the study of emergency cases, and is generally unrepresentative of the type of community Medicine which most of us must practice later.

Since leaving Bart's I have been much impressed by the tremendous opportunities available at outside hospitals. Moreover, I have never had a house surgeon, either at my London or my "provincial" hospital, who has not been amazed and gratified by the experience gained. These young men and women often work very long hours, but I am glad to say that they never regard their work as drudgery. Whatever problems have been created by Nationalised Medicine in the registrar and later stages, one's early life after qualifying should still be an exciting adventure. Your student readers may rest assured that the opportunities are immense and it is entirely their own fault if they fail to make use of the many good appointments available in the regional hospitals.

Yours faithfully,
R. S. MURLEY.

95 Harley Street, London, W.1.

Dear Sir,

It seems that my observation in the March issue of the *Journal* ("The proposed rates . . . should do much to dispel the sense of injustice felt by many in what often seems to be regarded as a year of pre-registration drudgery") has been more widely interpreted than was intended, and as three of your correspondents have now taken me to task for my words I must claim the hospitality of your columns to offer an explanation.

In logic it is not permitted to generalise from the particular but such generalisations are not uncommon in journalism as they serve to stimulate thought and provoke comment from the reader. The habit is easily acquired and the comment to which Dr. Batten took exception was just such a generalisation, though in this instance it was not intended to be provocative. My footnote to Dr. Batten's letter seems to have provoked even more wrath—it would have been wiser here to say nothing or to have explained more fully.

Dr. Batten seems to find it incredible that housemen at Bart's, or elsewhere, should feel hard up on the old salary scale, whereas he and his colleagues "felt rich" on £60 p.a. How right he is to cry "*O tempora!*" for times have changed indeed and the financial pattern of 1960 will scarcely bear comparison with that obtaining forty years ago. If Dr. Batten means that the hardships of life on £60 p.a. were tempered by the very fact of working at Bart's then I am sure that the modern generation of housemen would agree with him. Dr. Batten may rest assured that competition for the honour of working at Bart's would be as fierce as ever even if the salary scales were reduced below their present level.

Nevertheless there must be few housemen who have not at some time or other compared their first year's earnings with those of friends who have become, for example, solicitors or chartered accountants. Surely Dr. Batten would not deny them the encouragement they must find in the words of the Pilkington Report (summarised as follows in the B.M.J.): "House officers are considered to have been greatly underpaid both in relation to their seniors and in relation to what is paid to comparable persons in other professions" and in the revised salary scales.

With regard to the provinces, Sir, the advantages of a house-job in the country, as opposed to a teaching hospital, are often debated. Undoubtedly the sheer weight of experience to be gained and the opportunities of meeting local G.P.'s, so invaluable to anyone contemplating general practice, are major advantages of a provincial post. Be that as it may, Sir, I have met men waiting to take up provincial posts who, apprehensive perhaps of what lay before them, have bemoaned the long hours (variously estimated at from 80-120 hours per week), the move away from their London friends and, perhaps most important, the indisputable fact that once a man has moved out of London he can very easily lose touch with medical circles and the return to a London appointment may be very hard to achieve. It was from these people that I made my generalisation.

I have no wish to decry the provinces where, like your correspondents, I am sure that the work is both full and rewarding. It is to be hoped that more informed opinion among senior students together with the new pay scales will provide the

improved entry which Dr. W. A. Bourne desires.
Yours faithfully,

A. J. B. MISSEN.

Abernethian Room

BOOK REVIEWS

SMOKING AND LUNG CANCER by T. W. Lees. Published by the Author, 1959.

Dr. Lees, of Law Hospital, Carlisle, has published a most interesting paper on a very controversial subject. His aim is clearly to disprove that any relationship between smoking and lung cancer exists. He even goes so far as to suggest that, from the available figures, one could equally well prove that heavy smoking might actually prevent lung cancer. His arguments in many cases are based on slender evidence and without due consideration of *all* the facts.

He does not appear to believe in multiple causation. He shows that lung cancer death rates are not proportional to the logarithm of the total amount of tobacco smoked. The absence of this proportionality excludes for him the possibility of a smoking—lung cancer relationship. He assumes that standards of diagnosis have not improved sufficiently to account for the enormous rise in lung cancer incidence in the past 90 years. Having dismissed these two possibilities, he therefore attributes the increase to a natural change in the incidence of disease. But he does not even consider that all three factors may play important parts: that is, that smoking, improved diagnosis and "natural change" all contribute to the rise in incidence. One could well add other factors: air pollution from cars and industry, greater stress arising from the increased rate of modern living, and so on.

Further, he does not distinguish between incidence and mortality. He discusses the mortality of cancer of the lung and of the tongue, comparing two groups of people born 25 years apart (1871-75 and 1896-1900). In the case of cancer of the tongue, death rates dropped to 10 per cent in the second group, relative to the first; whilst lung cancer deaths rose 13 times. Dr. Lees attempts to disprove that both have a common cause: smoking. He argues that since the one type increased 13 times and the other decreased to 10 per cent, they cannot possibly be due to the same cause. He therefore implies that lung cancer cannot be related to smoking. The first fallacy in this argument is that death rates are NOT directly proportional to incidence: cancer of the tongue is easier to diagnose and easier to cure than cancer of the lung. Therefore, the incidence/death rate ratio is higher for tongue than for lung lesions; i.e. the actual incidence of tongue cancer is relatively much higher than the mortality figures suggest. Secondly, he takes little notice of the fact that in 25 years (1900-1925) cigarette smoking increased eight-fold, whilst pipe smoking decreased by two thirds. These two considerations, to a large

extent, account for the apparent discrepancy in the death rates for the two types of cancer. This does not, in fact, prove that smoking causes lung cancer, but it certainly invalidates Dr. Lees' argument that it does not.

His discussion of the morbid anatomy is interesting, but unconvincing, as no figures are given. He concludes that "we can find nothing to suggest that smoking is more intimately concerned with lung cancer than the increase in banana eating, cinema going, or what you will in the last 50 years." However, one cannot forget Doll and Hill's data from which they showed that the lung cancer death rate in men who smoke more than 25 cigarettes daily, is 40 times that non-smokers. Even if this were an exaggeration, one might venture to suggest that Dr. Lees is wilfully turning a blind eye to evidence, which, though admittedly statistically inconclusive, is certainly highly suggestive.

His reasoning is not always at fault: sometimes it is his premises which are questionable. In a discussion on "Fallacies in Sampling" he states that "smoking is an addiction controlled by emotional, mental, social and, above all, economic factors." The first three factors are undoubtedly true. But the economic factor is doubtful: Dr. Lees would have us believe that people in higher income groups smoke more than those earning less. He gives us no figures other than the fact that doctors average 15 cigarettes daily, compared with 13½ in the general population. One only has to observe the people around us to be convinced that the smoking rate is not dependent on the level of income. Be that as it may, his first premise is that high income results in a high rate of smoking.

His second premise is that good health means high earning capacity. But one might equally well suggest that high income results in good health. Dr. Lees has here postulated primary and secondary factors amongst circumstances which clearly lie on a vicious circle of causation.

From these two (rather doubtful) premises he argues that: good health means high earning capacity; which in turn results in high income; which results in heavy smoking. He concludes that healthy people smoke much, and conversely that unhealthy people smoke little.

He then analyses Doll and Hill's data concerning death rates in doctors, and finds that the "healthy" doctors have a high, and the "unhealthy" doctors a low, death rate. But he has already "proved" that good health results in higher smoking rates.

Hence he assumes that the "healthy" doctors (with the low death rate) were smoking much; and the "unhealthy" doctors (with the high death rate) were smoking little. (Incidentally, he gives us no figures indicating which group of doctors were in fact smoking heavily. One might consider that the poor health of the "unhealthy" doctors was due to excessive smoking !)

However, from this argument, he deduces that, not only is smoking not directly related to lung cancer, but that there is in fact an inverse relationship. His conclusion is that "we think it would be ingenuous to take this inverse correlation as proof that heavy smoking prevents lung cancer; but no more ingenuous than taking the positive correlation within the sample as proof that smoking causes lung cancer." A conclusion such as this, based on questionable premises, and syllogistic reasoning, need not, I think, be taken too seriously.

One could go on like this at length, but it seems pointless. The reader would do better to consult the original article, and form his own opinions. Doubtless, Dr. Lees has excellent grounds for querying the statistical validity of a smoking—lung cancer relationship; but we can likewise query his evidence of its non-existence. His review of the available facts and figures shows convincingly enough that smoking is not the *only* cause of lung cancer; nevertheless, most people, smokers and non-smokers alike, will remain firm in the belief that smoking is at least a predisposing, if not actually causative factor in the aetiology of lung cancer. Dr. Lees' arguments show an extremely strong bias; and it would be interesting to know just why this paper was "published by the author."

S.M.W.

A TEXTBOOK OF HUMAN EMBRYOLOGY by

R. G. Harrison. Published by Blackwell, Oxford, 1959. Crown 4to. 244 pp.+ix, 144 figs. Price 45s.

This new textbook presents the fundamentals of human embryology in a refreshingly attractive manner, and in so persuasive and lucid a style that the author's enthusiasm is communicated to the reader, whose task is rendered both profitable and pleasurable. The author's achievement is notable in having so skilfully and informatively blended an essentially unalterable corpus of embryological knowledge with relevant considerations deriving from the biological, teratological and physiological fields and in having infused into this blend such new discoveries or refinements as enhance the embryological story, or render its presentation the more intelligible. His teacher confreres will congratulate Professor Harrison upon a signally successful accomplishment, and medical students will prove appreciative of his labours on their behalf, since in his pages the morphological becomes particularly dynamic and meaningful.

Indeed, the dominant feature of this textbook is the successful presentation of the facts, in a descriptive style so persuasively explanatory that the student, dipping half-hopefully, half-fearfully, into its pages, will find himself imperceptibly lured into further exploration and into a fuller appreciation of human developmental processes. The text runs engagingly

and informatively, smoothly incorporating *nova et vetera*, and supported by a wealth of attractive illustrations.

Criticism is mainly directed to minor matters. Thus, it is felt, that Chapters II and IV (reproductive system) would profit by some excision of their purely topographical content: that Chapter XV might usefully include references to forms of congenital heart disease other than those listed: and that, in Chapter IX, the account of appendix differentiation would stand; amplification the non-supportive functions of mesenteries might receive some stress and a reference might be made to the infracardiac bursa as a pneumato-enteric recess derivative. It is arguable whether Chapter XXV (regeneration) is strictly relevant to the general subject matter. One sentence (pp. 116-7) requires rephrasing to be adequately informative: a reference (p. 124) to Fig. 86 should be to Fig. 87: useful additions would be figures illustrating external genital development in the sexes, since Fig. 115 is insufficient.

(Incidentally, the demonstrably slack round ligaments are not responsible for uterine anteversion and anteversion, as stated (p. 34): the umbilical cord is customarily attached eccentrically to the placenta: and Graves' work does not justify his proposed segmentation of the kidney, his segments not being in agreement with the calcine pattern.)

It must be said that the majority of the clear and well labelled line drawings are disproportionately and uselessly large. Some score or more of these would lose nothing of their clarity by a considerable and space-saving reduction: while certain further figures (e.g. Figs. 71-73, 78-81, 83-86, 87-89) would, by reduction and rearrangement in juxtaposition, gain greatly in emphasis. It is a matter of opinion whether Figs. 4-6 (inguinal canal) are strictly relevant and whether they were not better replaced by some diagram showing how the abdominal parietal constituents are severally prolonged over the extruded male gonad.

Since the students' prime difficulty in embryological study is to transpose two-dimensional sections and illustrations into a three-dimensional concept of the developing parts, one regrets the absence of the traditional, three-dimensional diagram of such items as the entire Wolffian and Müllerian apparatus, the pharyngeal derivatives and the developing diaphragm, figures which, economical equally of textual description and of space, have proved so helpful in affording the student a rapid and comprehensive grasp of the particulars of local organogenesis.

The execution of all the specially made illustrations, whether photomicrographs, line- or wash-drawings, is uniformly admirable—Figs. 96 and 97, for example, are probably unsurpassed for their clarity of exposition touching a region peculiarly difficult of appreciation.

References are included to all relevant recent work and a special author index is supplied. An extensive subject-matter index provides for quick and comprehensive reference to items in the text. The print is large and clear and "easy on the eyes," the illustrations are faultlessly reproduced and the whole volume reflects that impressive standard of production characteristic of the House of Blackwell.

This book cannot fail to commend itself to the student of human embryology.

A. J. E. Cave.

THE AETIOLOGY AND ARREST OF PRE-ECLAMPTIC TOXAEMIA WITH EARLY AMBULANT TREATMENT—by K. Douglas Salzmann, H. K. Lewis & Co. Ltd., London.

Dr. Salzmann, a General Practitioner Obstetrician in Reading, has written an interesting and stimulating monograph on Pre-eclamptic Toxaemia. He suggests that it is caused by vasospasm which results from the material stress reaction to "transplacental hormones" from the foetus.

Dr. Salzmann's hypothesis is largely conjectural and to these "transplacental hormones" he ascribes properties on flimsy evidence. Although the monograph is not to be regarded seriously as a scientific contribution, it is well worth reading by those in obstetric practice.

In explaining the association of pre-eclampsia with hydramnios, the author suggests that the placenta is compressed by the tense bag of waters leading to placental ischaemia with a fall in the output of progesterin. Alternatively, the ureters may be compressed by the distended uterus as they pass over the pelvic brim, producing urinary stasis and a predisposition to infection of the kidneys, leading to vasospasm and hypertension. No clinical or experimental evidence is given to support either hypothesis.

In the treatment of pre-eclamptic toxemia, Dr. Salzmann has avoided bed rest, but kept his patients ambulant and used reserpine as a hypotensive. He has had more success with this drug than most obstetricians but has employed it with the earliest rise in diastolic pressure (84 mm. Hg). A large scale trial would be useful.

D. K. Williams

PRACTICAL PROCEDURES IN CLINICAL MEDICINE—by R. I. S. Bayliss. Third Edition, pp. 462 with 54 illustrations: Published by J. & A. Churchill Ltd. Price 42s.

Originally published in 1950, we now have the third edition of a book which should have a wide appeal. It is for the student that it is chiefly written. There is a valuable and very clearly presented account of the various biochemical and radiological procedures on which many clinical investigations depend. Each text is considered under three headings. First there is a physiological introduction—which is at the same time a useful revision. Secondly the technique of the procedure is explained and finally the interpretation relates the laboratory investigation and the patient.

Although the detail is sufficient to satisfy the demands of examiners in this field it is probably not enough to be useful to those who work in a laboratory. This means that the book is just too large to be carried as a *vade-mecum* and yet not detailed enough to be a serious book of reference. However, for the student as a book of revision, and as an excellent addition to lecture notes it is invaluable.

The changing pattern of investigations has set many problems for those revising this edition. In general this has been successfully done but many will be surprised at the absence of any mention of the Van den Bergh reaction.

A book which is so clearly presented ought to help the student to understand the investigations which can be made and also when they will be

useful in helping towards a diagnosis. It is unusual to find a book which is so successful in fitting the numerous laboratory investigations into the clinical picture which is required by students.

BIOLOGY STAINING SCHEDULES FOR FIRST YEAR STUDENTS by R. R. Fowell, M.Sc. Published by H. K. Lewis, London, 1959. Pp. 31. Price 3s.

This book is a simple and adequate outline of the various elementary histological procedures undertaken in first year courses in the Biology laboratory. An additional chapter entitled "Microbiology Schedules" appears in the current edition.

A.J.M.

ROYAL NATIONAL HOSPITAL FOR RHEUMATIC DISEASES, BATH, REPORTS. Vol. 10. 1958-1959.

This book consists of the reprints of papers published by the staff of the Royal National Hospital for Rheumatic Diseases, Bath, during the years 1958 and 1959. There are nine of them, and they vary in subject matter from "The Treatment of Gout" (The Practitioner) to "Entropy and Synovial Pathology" (Nature).

Volumes of "collected papers" give a very good idea of the work going on in any particular unit, and Bart's men will, I am sure, get both pride and pleasure from the perusal of this one. The Chairman of the Medical Board of the Hospital, Dr. G. D. Kersley, is certainly to be congratulated on it, and he has also included, in a Foreword, an account of the history of the Hospital and of its plans for the future.

PRACTICAL CLINICAL BIOCHEMISTRY by Harold Varley. Published by Heinemann. 635 pp. Price 42/-.

The author states in his preface "the present book is a survey of the whole field of this subject from the standpoint of workers in hospital laboratories." It should be said at the outset, that the author has achieved this object, and his book is the most comprehensive of those published in Britain. In fact, the chief criticism one makes of this book is that in some directions it is too comprehensive. For example, it seems unnecessary to describe six methods for the determination of blood sugar, and while there is a short comparison of the methods, the beginner will be left still in doubt as to which method he should use. One would like to have had more of the author's personal views and experience, which is such a valuable part of earlier works on this subject, for example, the early editions of "Chemical Methods in Clinical Medicine," by G. A. Harrison. Harrison's book is still a mine of information, and a book of which Bart's may well be proud.

In a comprehensive book of this nature, one would have wished for a fuller treatment of the porphyrins, as the estimation of these is one of the most difficult with which the chemical pathologist is faced. The book is essentially a practical one and of interest chiefly to the technician, but medical students can profit by the short summaries of the findings in health and disease under each of the headings.

It has been brought well up-to-date in this second edition, and one can thoroughly recommend the book to all workers in hospital laboratories.

OUTLINE OF ORTHOPAEDICS, 2nd Edition, by John Crawford Adams. Published by E. and S. Livingstone. Price 35s., pp. 428.

The new edition of this book follows its predecessor's admirable clarity and simplicity of expression. Every subdivision of orthopaedics is adequately dealt with in a systematic manner using an excellent method of classification.

There is only one error to be found in the caption of Fig. 218, where "rare" appears in place of "rarefied."

It would be a great step forward if all surgeons could agree on what is meant by Charcot's joints, since here the term is used as a synonym for neuropathic arthritis, whereas the eponym should be restricted to a neuropathic arthritis due to syphilis.

M.L.P.

BASIC BACTERIOLOGY. Its Biological and Chemical Background. C. Lamanna. Ph.D. and M. F. Mallette. Ph.D. 860 pages, 137 illustrations. Second Edition. Bailliere, Tindall & Cox Ltd., London, 1959 Price £5 8s. 0d.

Medical bacteriology is only one section of a wide field in which bacteriologists may work. Pure bacteriology will include studies devoted to the fundamental nature of bacteria. Soil bacteriologists are interested in the fertility of the soil and the relation of bacteria to plant nutrition. Preservation of food and the dairy industry each has its own special problems. In commerce bacteria are used to produce chemicals, or are utilised or have to be prevented from growing in the preparation or preservation of industrial products.

Workers in any of these sections need to use physics, chemistry and biology. This book is an attempt to provide a specialist treatment of these subjects for the student of bacteriology. This is therefore not a textbook of medical bacteriology but one in which such basic subjects as the structure, growth and surface properties of bacteria are discussed at length and bacterial nutrition and metabolism receive due attention.

The first edition of this book was published in 1953. Its popularity can be judged by the fact that two reprints were required. The second edition follows the arrangement of the first and much of the text is unaltered. New findings have necessitated changes in some places, and the references have been brought up to date. For what it is intended, this book can be recommended. The price may well deter the private purchaser.

AIDS TO TRAY AND TROLLEY SETTING, by Marjorie Houghton, M.B.E., S.R.N., S.C.M., D.N. Published by Bailliere, Tindall & Cox Ltd. Sixth Edition. Price 8s. 6d.

Six editions of this little book have appeared over twenty years, and this is an indication of its usefulness to nurses. Miss Houghton is held in esteem in this and many other countries for her work for nursing education. The students of a training school like ours may not feel the need

of a book like this which by reason of its size must be dogmatic, but undoubtedly it will be as successful as in its previous editions.

AN INTRODUCTION TO CONGENITAL HEART DISEASE, by Leo Schamroth and Fay Segal. 115 pages, 82 Figs. Published by Blackwell, Oxford. Price 22s. 6d.

The recent rapid advances in the techniques of cardiac surgery have aroused a great deal of interest in this subject. Patients who were previously only of academic interest and poor prognosis, are now in a happier position. In congenital heart disease, as in other fields, early diagnosis often materially improves results and it is therefore proper that the G.P. and the student should take an interest in this subject. It is for them and not the specialist that this book has been written.

The book is eminently readable and straightforward in its approach. The various common forms of congenital heart disease are dealt with simply and concisely and the short lists of references at the end of each chapter are most welcome.

The text is illustrated with a wealth of line drawings which are cleverly devised but not too well executed — nevertheless they form a valuable adjunct to the text. The X-ray pictures are well reproduced.

The accent throughout the book is on medical treatment and a wider discussion of cardiac surgery would have been interesting but, all in all, this slim volume, beautifully produced as ever by Blackwell's, is thoroughly commendable.

CLINICAL DERMATOLOGY FOR STUDENTS AND PRACTITIONERS, by H. M. Robinson. 242 pages. Illus. Published by Bailliere, Tindall and Cox. Price 68s.

The first fifty pages of this volume are devoted to "general considerations" which comprise short sections on the anatomy and physiology of the skin, the aetiology of the dermatoses, mycology, allergy, occupational dermatoses, etc., and methods of treatment. The text is economical of words and the facts concentrated, but these sections afford a very useful means of tying up loose ends and sorting ideas before settling to the serious study of skin disease.

The remainder of the book is taken up with descriptions of skin diseases. A morphological classification is adopted, and in a subject where the aetiology of a given disease is so often "unknown", this is probably the safest and certainly the simplest method to use. The text is again synoptic and the facts neatly packaged under sub-headings.

The printing is excellent, the numerous black and white illustrations are of a high standard and the shiny paper will please some but not all.

This is a good book for the G.P. to use for checking diagnosis and therapy. The convenient format of the book allows all the relevant information to be available as soon as the morphological nature of the lesion has been decided upon. The book should also be useful for revision purposes.

SPORTS NEWS

VIEWPOINT

The Sports Editor has often received complaints about the length of time that is taken in printing reports and results, from the time the actual events take place to when the journal is finally published. Indeed, inefficiency on the part of someone is generally thought to be the cause of this. The lag is, unfortunately, unavoidable. Reports of sporting events during any month should be handed in at the end of the month. There is then an interval of four weeks from the time the printers receive the reports to the publication of the Journal. Hence it can be seen that there is normally a gap of between four and eight weeks between the event and its appearing in print.

Numerous complaints have also been received to the effect that the minor clubs in the Hospital do not receive enough publicity, and that too much space is devoted to the bigger clubs. This can only too easily be rectified. There are well over twenty sporting clubs in the Hospital, and the Sports Editor has neither the time nor the energy to see every secretary in person. If any secretary wishes to have a report entered, he has only to hand it in at the end of the month, when all reports receive equal attention.

This month the Rifle Club is to be congratulated on winning the Armitage Cup at Bisley. It was indeed an excellent performance, as they not only won the Cup, but won it easily.

The Ladies' Tennis team has, unfortunately, lost the U.H. Cup they won last year, by losing in a very close and exciting game, to Guys. But on the same afternoon at Chislehurst, the cricket team managed to beat the Middlesex Hospital in the first round of the Cup. Mr. and Mrs. White were seen to be in a continual state of flux between the tennis courts and the cricket, as both matches ended within 10 minutes of each other.

SOCCER

The A.G.M. of the Soccer Club was held at 7 p.m. on Wednesday, 25th May, in the small A.R. Mr. Hunt was in the chair.

The officers for the 1960-61 season are:

President: Mr. A. Hunt.

Captain: Mr. J. Jailler.

Secretary: Mr. H. Philips.

Treasurer: Mr. B. Perriss.

Social Secretary: Mr. B. Hore.

Pre-Clinical Representative: Mr. T. Herbert.

Committee Member: Mr. M. Jennings.

Dr. E. D. Wills was elected a Vice-President.

SAILING CLUB

During the "Frostbite Season" the Hospital competed for the Max Rosenheim Winter Trophy at the Welsh Harp, against the other London teaching hospitals. This series, taking place on alternate Wednesday afternoons was won this year by the London Hospital. The standard gets higher each year, and even with some good helming from W. G. Fischer and J. Spivey, Bart's only came third.

Results:

1st: London Hospital 83½;

2nd: University College Hospital 76½;

3rd: St. Bartholomew's Hospital 73½;

4th: Guy's Hospital 66½;

5th: St. Mary's Hospital 52;

6th: Middlesex Hospital 51.

St. Thomas's and Charing Cross Hospitals also took part.

The United Hospitals Sailing Club held their Annual General Meeting and Dinner at the end of January. The Dinner was, as usual, a very well-attended and most enjoyable occasion. This year we were fortunate enough in having the Queen's Sailing Master, Surgeon Lieutenant Ross Coles amongst the speakers. He told us of Blue-bottle's successful racing in North America, and invited one or two of the members from his own hospital, St. Mary's to crew in the Royal Dragon during the summer.

Bart's fared well in the distribution of prizes, winning the Bannister Cup as the hospital obtaining most points in inter-hospital races last season; the Harvey-Wright Gold Bowl, won by W. G. Fischer in Burnham Week and the Bourne Trophy for individual helmsmen in spoon races, which went to R. C. Birt.

During the winter a United Hospitals Sailing Club Sharpie was fitted out at Charterhouse Square. With the facilities afforded by the College authorities, Maid of Amsterdam was stripped and re clothed in a new type of marine finish, and a layer of fibreglass was placed along her keel. It is hoped that after this thorough refit, less maintenance will be required in future. Several Sharpies have been fitted out at other Hospitals, so with the new suits of terylene sails, the fleet is in excellent order.

The Hospital has been represented in two races so far this summer. In the first, on April 30th, W. G. Fischer with J. Spivey and A. Pyke came second to Guy's Hospital. While in the lead, the Bart's boat misjudged a buoy and lost a place which could not quite be made up.

On May 21st, again with W. G. Fischer at the helm, Bart's came first, with St. George's Hospital second and St. Mary's Hospital third. On this occasion Miss G. Hanson and D. M. Welch made up the crew. Being last at the start, W. G. Fischer excelled himself in going straight through the fleet, finishing about half-a-mile ahead of the next boat.

RIFLE CLUB

The Club has had a fairly successful small-bore season, which, however, does not bear comparison with the very successful season 1958-1959.

Nine teams have shot in the United Hospitals, University of London, and National Small-bore Rifle Association Postal Leagues, and seven teams in the United Hospitals and University of London knock-out competitions. One team competed in the Browne-Martin knock-out competitions for teams in the London area.

The final analysis of all matches during the season is: Shot 97, Won 49, Drawn 2, and Lost 46.

UNITED HOSPITALS LLOYD CUP

The first team lost an important match against the Westminster Hospital, and because of this one defeat, could only gain second place in the league, albeit with a higher aggregate gunscore than the winners, 3868-3848. The second team was placed fourth.

First team: Shot 8, Won 7, Lost 1.

Team: A. M. Ward (Sec.), R. P. Ellis, Miss A. M. Holloway, J. D. Hobday, and F. J. R. Hardy. Second team: Shot 8, Won 5, Lost 3.

Team: M. T. Barton (Capt.), G. R. Hobday, A. J. B. Missen, P. N. Riddle, and P. A. Bennett. Also shot: K. S. Wise.

The leading places in the U. H. League averages were:

1st, A. M. Ward, 98.00; 5th R. P. Ellis, 97.12; 7th, A. M. Holloway, 97.00; 8th, F. J. R. Hardy, 96.88.

UNITED HOSPITALS TYRO COMPETITION

The first team, after drawing with the Westminster early in the season, lost to St. Mary's, and, as in the senior division, came second to the Westminster, again with a higher aggregate gun-score. The second team came fourth, and the third team fifth, thus the club ended the season with all its three teams in the top half of the table.

First team: Shot 9, Won 7, Drawn 1, Lost 1.

Team: F. J. R. Hardy, P. A. Bennett, K. S. Wise, A. J. Austin, and A. M. Pollock. Also shot: M. M. Orr, K. E. Gray, and M. J. Course.

Second team: Shot 9, Won 6, Lost 3.

Team: K. E. Gray, M. M. Orr, C. L. Brewer, Miss A. E. Vartan, and M. J. Course. Also shot: H. R. J. Walker, and Miss Z. Gardner.

Third team: Shot 9, Won 4, Lost 5.

Team: C. A. Hood, R. G. Miller, G. B. Jackson, P. Dupre, and Miss J. Angell James. Also shot: W. D. Kelly and B. J. Metcalfe.

Pistol:

University of London League, Div 1. Shot 10, Won 5, Drawn 0, Lost 5, Position 3rd.

Team: G. R. Hobday, R. P. Ellis, and F. J. R. Hardy.

University of London League, Div. 2. Shot 8, Won 1, Drawn 1, Lost 6, Position 5th.

Team: J. D. Hobday, A. M. Ward, and K. E. Gray. Also shot: D. Metten, and G. B. Jackson.

Standing and Kneeling:

University of London League, Div 1.

The team shot well despite very good opposition, and three matches were lost by very small margins. The team set up a Club record with a score of 459 (ex 600) in the seventh round to beat Imperial College "A".

The final position in the table was fourth. Shot 8, Won 2, Lost 6.

Team: A. M. Ward, Miss A. M. Holloway, and M. T. Barton. A. M. Ward was placed third in the University League averages, 159.7.

N.S.R.A. League. Division 7. Shot 9, Won 3, Lost 6, Position 8th.

Team: A. M. Ward, G. R. Hobday, and J. D. Hobday. Also shot: R. P. Ellis.

Two teams were entered in the University of London knock-out competition, one being placed in Division 1, and the other in Division 2. Both teams met strong opposition in the first round and were eliminated.

The five teams entered in the United Hospitals knock-out competitions had longer runs. One team reached the semi-finals, only to be beaten by the eventual winners of the competition. Three other teams were eliminated in the quarter finals.

Team A: A. M. Ward, P. N. Riddle, and A. J. B. Missen. Lost to Westminster "A" in the semi-final.

Team B: J. D. Hobday, G. R. Hobday, and R. P. Ellis. Lost to Bart's "A" in the quarter final.

Team C: Miss A. M. Holloway, Miss A. E. Vartan, and K. E. Gray. Lost to U.C.H. "A" in the quarter final.

Team D: F. J. R. Hardy, K. S. Wise, and M. M. Orr. Lost to St. Mary's "A" in the quarter final.

Team E: M. T. Barton, P. A. Bennett, and A. J. Austin. Lost to Bart's "A" in the first round.

Browne-Martin Competition:

The disappointment felt at the defeat of the VIII in the first round of this competition was tempered a little when it was heard that the victors in this match, Walthamstow Ensign, beat London University in the final to become the London Area Champions for the current year.

Shoulder to Shoulder Matches:

VIII v. St. Mary's Hospital. Won 745-726

VIII v. The City Police. Lost 763-773.

IV and S & K. II v. St. George's Hospital. Won 590-580.

VI v. The Staff. Won 575-538.

VIII v. The London Hospital. Won 487-469.

VI v. The City Police. Lost 1157-1165.

The following members of the Club have shot for the United Hospitals during the past season.

1st VIII: A. M. Ward, Miss A. M. Holloway, F. R. J. Hardy, and R. P. Ellis.

2nd VIII: M. T. Barton, P. N. Riddle, and P. A. Bennett.

The Lady Ludlow Cup, for the highest individual average over the season, is awarded to A. M. Ward, average 97.86. Runner-up R. P. Ellis, 97.36.

The Mrs. Waring Handicap Cup, for the best increase in average over the season, is awarded to P. A. Bennett. Runner-up, Miss A. E. Vartan.

United Hospitals Rifle Club Prize Meeting

The United Hospitals Prize Meeting was held at Bisley on June 19th under almost ideal weather conditions. The wind, however, proved a little deceptive, the flags showing only a selection of the changes in strength and direction.

The meeting consisted of three competitions, shot concurrently under Queens I conditions, that is 2 sighting shots and 7 shots to count at 200, 500, and 600 yards.

Armitage Cup Competition

The Hospital team shot steadily at all ranges, and by the end of the 500-yard shoot had gained a slight lead, which they held to the end.

St. Bartholomew's

P. N. Riddle	...	32	33	31	96
A. M. Pollock	...	32	32	31	95
G. R. Hobday	...	32	33	27	92
A. M. Ward	...	28	32	31	91

The Armitage Cup was last won by the Hospital in 1957.

"B" Team Competition

Competition in this division was of a high standard, and the Hospital team did well to come second to a very strong St. Thomas' team.

St. Bartholomew's

F. J. R. Hardy	...	29	34	31	94
M. T. Barton	...	30	31	32	93
Miss Z. Gardner	...	33	30	30	93
R. G. Miller	...	31	29	29	89
		123	124	122	369

Individual Competition

All competitors also shot for the individual range prizes, and the aggregate trophy. F. J. R. Hardy placed 1st in the 500 yards with a score of 34.

The Annual General Meeting of the United Hospitals Rifle Club was held at Bisley after the Prize Meeting. At this meeting the following Officers were elected for the season 1960-1961:—

Captain, A. M. Ward; *Full-bore Secretary*, A. M. Pollock.

CRICKET

1st XI v. Middlesex Hospital on Wednesday, June 15th, at Chislehurst (Cup match)—Won by 54 runs.

Bart's enjoyed an encouraging start in the U.H. Cup. We batted first and found the pitch livelier than expected. However Davies and Jeffreys both batted very well and gave us a good start. At lunch we were 100 for 2, but after the interval accurate bowling and keen fielding by Middlesex prevented us from increasing the scoring rate. Davies batted very well, but was the first of many to be dismissed trying to force the pace. Warr batted very well but no one else stayed long and at 4 o'clock we declared at 208 for 7, leaving

Middlesex 150 minutes in which to get the runs. Our attack proved rather ineffective until with only 45 minutes left Niven managed to extract enough response from the wicket to effect a break through. After this wickets fell at regular intervals and we eventually got them out for 154 with 9 minutes to spare. Niven bowled very well, and Stoodley at the end managed to produce some very good balls to capture the last vital wickets.

Barts, 208 for 7 dec. (Davies 69, Jeffreys 25, Warr 52).

Middlesex, 154 all out.

1st XI v. Queen's College, Cambridge, at Chislehurst, Saturday, June 4th.—Match drawn.

Our game with Queen's always seems to provide a good deal of excitement, and this year was no exception. Bart's batted first on a perfect hand pitch and Pagan, Jeffreys and Davies all batted well and saw us off to a good start. Our progress became somewhat retarded in mid-afternoon, however, and it was mainly due to a fine attacking innings by Abell, and to a lesser degree by Merry, that we were able to declare at 217 for 6, leaving Queen's 150 minutes in which to get the runs. They profited from a run of dropped catches early in their innings and made a spirited attempt to get the runs, but at the close both sides were equally near victory. Stoodley bowled well but all chances offered from his bowling were missed.

Bart's, 217 for 6 dec. (W. H. Pagan 58, J. D. Abell 45, J. D. Davies 32, R. V. Jeffreys 31, R. T. G. Merry 26 not out).

Queen's College, 204 for 8.

"A" XI v. Parkfield, at Chislehurst, Sunday, June 5th.—Match drawn.

Bart's must be very grateful to the Parkfield batsmen for their timidity, for this was all that saved us from defeat. We batted first, and with Pagan, Davies and Phillips all batting very well we were able to declare at 178 for 8. Parkfield had just over 120 minutes in which to get the runs, and with 30 minutes to go and 9 wickets in hand, were only 50 runs short. However for some reason their batsmen left the final fling until too late, and at the end both sides were at the same total.

Bart's, 178 for 8 dec. (Pagan 57 not out, Davies 44, H. Phillips 39).

Parkfield, 178 for 3.

1st XI v. Wimbledon, at Chislehurst, Saturday, June 11th.—Won by 107 runs.

We were very eager to avenge our defeat earlier this season and winning the toss we batted first. Everyone took a few runs off the poor bowling, but Warr in particular batted very well and we eventually declared at 196 for 4, leaving Wimbledon 150 minutes for their innings. After a preliminary sortie by our quick bowlers, it was obvious that the pitch would be more helpful to the cutters and slows, so Niven and Merry came on at opposite ends. These two bowled for the rest of the match, and, splendidly supported by good fielding in the covers, were able to bowl out the opposition for 89. A very convincing victory.

Bart's, 196 for 4 (A. C. Warr 64, Merry 39, Pagan 31, Davies 26, Harvey 26 not out). Wimbledon, 89 (Merry 5-35, Niven 3 for 26).

1st XI v. Horlicks, at Slough, on Sunday June 12th.—Match drawn.

A slightly weakened Bart's side batted first and were soon four wickets down with few runs on the board. However, Jailler and Harvey did not seem to mind facing the Horlicks minor-county bowlers, and not only saw us out of trouble but then proceeded to disperse the field with some vigorous hitting. Our innings was unfortunately interrupted for 2 hours by rain, and in order to keep the game interesting we declared at 143 for 8, leaving Horlicks 120 minutes in which to bat. When the last over arrived they needed five runs for victory, but amid much excitement were only able to get four, so that for the second Sunday in succession both sides ended with equal scores.

Bart's, 143 for 7 (Harvey 44, Jailler 44).

Horlicks, 143 for 8 (Merry 3 for 52).

Saturday June 18th.—Match drawn.

1st XI v. Charing Cross Hospital, at Chislehurst.

A very dull game. Charing X batted first and made 159 for 5 very slowly, so that we were left 90 minutes in which to knock off the runs. Davies and Merry started well, but in an endeavour to keep up with the clock wickets were thrown away, and so the chase had to be abandoned.

Charing X, 158 for 5 dec. (Harvey 3 for 59).

Bart's, 120 for 7 (Merry 48, Davies 30).

1st XI v. Old Cholmeleians, at Chislehurst, Sunday June 19th.—Match drawn.

Bart's batted first on a good wicket; after we had lost two wickets cheaply Pagan and Merry batted soundly but slowly. In the afternoon Harvey managed to increase the scoring rate as did the later batsmen, but the slow start meant that we could only reach 196 before declaring. Old Cholmeleians were left 150 minutes in which to get the runs, but after losing 2 wickets before tea they were never up with the clock. Harvey bowled extremely well but the fielding was again appalling, no fewer than eight catches being put on the

ground. Old Cholmeleians had little difficulty in holding us to a draw.

Bart's, 196 for 9 dec. (Harvey 52, Merry 47, Pagan 31).

Old Cholmeleians, 140 for 7 (Harvey 5 for 67).

1st XI v. Jesters, at Chislehurst, Saturday, June 25th.—Match drawn.

Again our fielding let us down and we had to be satisfied with a draw. The Jesters were put in to bat and would soon have been in trouble if catches had been held. As it was, we became so demoralised that they were able to score 70 in the last 20 minutes of their innings. Bart's had to get 177 in 120 minutes; Davies and Pagan gave us a good start with a sound partnership, and Harvey, Merry and Stoodley then set about the bowling. However, after five wickets had fallen we seemed to lose confidence and instead of taking a gamble we settled for a drawn game. A very disappointing finish.

Jesters, 176 for 6 dec.

Bart's, 149 for 6 (Stoodley 42 not out, Davies 34).

1st XI v. Old Roans, at Chislehurst, Sunday, June 26th.—Match drawn.

The Old Roans were bold enough to put us in on a perfect wicket, a decision which must soon have been regretted. Merry and Pagan scored so rapidly that in the 100 minutes before lunch they scored 129 runs. After lunch Pagan was out but Merry continued to bat well, and eventually reached his century in 75 minutes. Jeffreys also batted very well and we were able to declare at 237 for 8, leaving the opposition 150 minutes in which to bat. After Davies had dismissed their two openers cheaply Old Roans lost all hope of winning, but for the third game in succession vital catches were dropped and we had to be satisfied with yet another drawn game.

Bart's, 237 for 8 dec. (Merry 109, Jeffreys 43, Pagan 38).

Old Roans, 193 for 7 (Davies 3 for 29).

RECENT PAPERS BY BART'S MEN

ABERNETHY, D. A. The Osler Society. *Oxf. Med. Sch. Gaz.*, 12, Hilary, 1960, pp. 23-25.

*BETT, W. R. The phenothiazines in psychiatry, with special reference to trifluoperazine ("stelazine"): a review of the literature. *W. Afr. Med. J.*, 9, Feb., 1960, pp. 33-36.

BICKFORD, B. J. Surgical aspects of patent ductus arteriosus. *Arch. Dis. Childh.*, 35, Feb., 1960, pp. 92-96.

BIRNSTINGL, Martin. Subacute bacterial infection in a traumatic arteriovenous fistula. *Proc. Roy. Soc. Med.*, 53, March, 1960, pp. 229-230.

BORRIE, Peter. Two cases of primary lymphoedema. *Proc. Roy. Soc. Med.*, 53, May, 1960, pp. 382-383.

—, see also SCOTT, A., and —.

*BOURNE, Gordon L. (and Benirschke, Kurt). The incidence and prognostic implication of congenital absence of one umbilical artery. *Amer. J. Obst. Gynec.*, 79, Feb., 1960, pp. 251-254.

CAPENER, Norman. Exeter's medical history. *Brit. Med. J.*, June 4, 1960, pp. 1732-1733.

— (and Bertelsen, Arne). Fingers, compensation and King Canute. *J. Bone Jt. Surg.*, 42B, May, 1960, pp. 390-392.

- CORBETT, R. S. Retroperitoneal tumours: some clinical aspects. *Clin. Radiol.*, 11, April, 1960, pp. 83-84.
- *CRAWHALL, J. C. and WATTS, R. W. E. Acylative decarboxylation with particular reference to the acetylative decarboxylation of the 2:4-dinitrophenyl derivatives of some amino acids. *Biochem. J.*, 74, 1960, pp. 514-560.
- DAWSON, John B. Exploring will we go: some notes on an expedition to Labrador. *Practitioner*, 184, June, 1960, pp. 771-778.
- The E.S.R. in a new dress. *Brit. Med. J.*, June 4, 1960, pp. 1697-1704.
- *DE MOWBRAY, R. R. Cushing's syndrome with bilateral calcification of the adrenal glands. *Proc. Roy. Soc. Med.*, 53, March, 1960, pp. 221-222.
- *DONALDSON, Malcolm. Cancer information among the public. *Med. Press*, 243, June 15, 1960, pp. 515-518.
- FRANKLIN, A. White. The press, the patient, and the hospital doctor. *Lancet*, May 14, 1960, pp. 1065-1066.
- *GALE, N. H., and INNES, G. S. The advantages of employing mixed high energy x-ray and electron beams in radiation therapy. *Brit. J. Radiol.*, 33, April, 1960, pp. 261-264.
- GARROD, Oliver. Primary myxoedema with severe cardiac involvement, masquerading initially as hypo-pituitary myxoedema. *Proc. Roy. Soc. Med.*, 53, March, 1960, pp. 218-220.
- HADFIELD, John. Excision of the major duct system for benign disease of the breast. *Brit. J. Surg.*, 47, March, 1960, pp. 472-477.
- HAMILTON, W. J. (and Boyd, J. D.) The giant cells of the pregnant human uterus. *J. Obstet. Gynaec. B.E.*, 67, April, 1960, pp. 208-218.
- *HARPER, R. A. Kemp. Radiology in the diagnosis of retroperitoneal tumours. *Clin. Radiol.*, 11, April, 1960, pp. 69-79.
- HAVARD, C. W. H., and WOOD, Philip H. N. Anti-diuretic properties of hydrochlorothiazide in diabetes insipidus. *Brit. Med. J.*, April 30, 1960, pp. 1306-1308.
- and —. Clinical evaluation of benzthiazide, an oral diuretic. *Brit. Med. J.*, June 11, 1960, pp. 1773-1776.
- *HAYES, D. S. (and Posner, E.) A case of Caplan's syndrome in a roof tile maker. *Tubercle*, 41, 1960, pp. 143-145.
- HEATHFIELD, K. W. G. (and Williams, John R. B.) Diagnosis of polymyositis. *Lancet*, May 23, 1960, pp. 1157-1161.
- HUCKSTEP, R. L. Recent advances in the surgery of typhoid fever. *Ann. Roy. Coll. Surg. Engl.* 26, April, 1960, pp. 207-230.
- HUNT, John H., and LINNETT, Michael J. Intractable pain. *Brit. Med. J.*, June 4, 1960, pp. 1723-29.
- *HUNTSMAN, R. G., and others. Observations on the effect of magnesium on blood coagulation. *J. Clin. Path.*, 13, March, 1960, pp. 99-101.
- HURN, B. A. L., see HUNTSMAN, R. G., and others.
- INNES, G. S., see GALE, N. H., and —.
- JONES, R. F. McNab. Tuberculosis of the palate—an unusual presentation. *J. Laryngol.*, 74, March, 1960, pp. 174-177.
- *JOPLING, W. H. Onchocerciasis presenting without dermatitis. *Brit. Med. J.*, March 19, 1960, p. 861.
- *LAWTHER, P. J. Cancerogene in der städtischen Luft. *Zbl. Bakt., I. Abt. Orig.*, 176, 1959, pp. 187-193.
- *— Chronic bronchitis and air pollution. *Roy. Soc. Health J.*, 79, Jan.-Feb., 1959, pp. 4-9.
- *— The effects of atmospheric pollution on man. In, Institute of Biology. *The effects of pollution on living material*. 1959. pp. 89-93.
- *—, and WALLER, R. E. Atmospheric pollution and lung cancer. *Trans. Ass. Industr., Med. Offrs.*, 9, 1959.
- *LEHMANN, H. (and Ager, J. A. M.) The laboratory detection of abnormal haemoglobins. *Ass. Clin. Path. Broadsheet*, No. 27 (N.S.), Feb., 1960.
- (with others). Haemoglobin "Singapore-Bristol" a "fast" haemoglobin found in infants. *Brit. Med. J.*, May 21, 1960, pp. 1537-1539.
- *— (with others). L'hémoglobinoase P: à propos d'un cas d'association des hémoglobines P et S. *Rev. Hémat.*, 15, 1960, pp. 10-18.
- , see also HUNTSMAN, R. G., and others; MACKENNA, R. M. B., and —.
- LINNETT, Michael J., see HUNT, John H., and —.
- *Longland, C. J. Harvey and Padua. *Scot. Med. J.*, 5, April, 1960, pp. 172-175.
- *LUMB, George (and Shacklett, R. S.) Human cardiac conduction tissue lesions. *Amer. J. Path.*, 36, April, 1960, pp. 411-429.
- *MACKENNA, R. M. B., and LEHMANN, H. The glucose tolerance curve in hidradenitis suppurative. *Brit. J. Derm.*, 4, April, pp. 142-144.
- McMENEMEY, W. H. (and Newman, M.) Sudano-philic diffuse sclerosis ("Schilder's disease") with ictal onset. *Brit. Med. J.*, May 14, 1960, pp. 1461-1464.
- MAXWELL, James. Respiratory rhythm. *Brit. J. Clin. Pract.*, 14, April, 1960, pp. 298-299.
- MENDEL, David. An easy method for the determination of the pCO₂ of the blood. *Lancet*, April 9, 1960, pp. 807.
- MOURANT, A. E. Blood groups in the study of human populations. *Eugen. Rev.*, 52, April, 1960, pp. 7-18.
- *NICOL, C. S. (and Catterall, R. D.) Is trichomonal infestation a venereal disease? *Brit. Med. J.*, April 16, 1960, pp. 1177-9.
- *NICOL, W. D. Administrative aspects of acquired pp. 420-422.
- mental disease. *Med. Press*, 243, May 18, 1960.
- RICKHAM, P. P. Vesico-intestinal fissure. *Arch. Dis. Childh.*, 35, Feb., 1960, pp. 97-102.
- *— (and Jenkins, Jean M.) Incubator for infants undergoing surgery. *Arch. Dis. Childh.*, 35, Feb., 1960, pp. 71-75.
- SARMA, Vishnu (and Sitaratna, A.) Twin pregnancy: well-formed hydatidiform mole associated with a normal viable child. *J. Obstet. Gynaec. B. E.*, 67, April, 1960, pp. 301-302.
- SCOTT, A., and BORRIE, Peter. Argyria of face. *Proc. Roy. Soc. Med.* 53, May, 1960, p. 382.

- *SCOWEN, E. F., and others. Clinical manifestations of primary hyperoxaluria. *Arch. Dis. Childh.*, 35, Feb., 1960, pp. 108-112.
- SEDDON, H. J. (and Clawson, D. K.). The late consequences of sciatic nerve injury. *J. Bone Jt. Surg.*, 42B, May, 1960, pp. 213-225.
- *STALLARD, H. B. Dumb-bell-shaped dermoid cysts of the orbit. *Brit. Med. J.*, April 30, 1960, pp. 1322-1323.
- THORNE, Napier. The skin clinic. *Brit. J. Clin. Pract.*, 14, April, 1960, pp. 303-306; May, 1960, pp. 399-402.
- *WALLER, R. E.. Air pollution as an aetiological factor in lung cancer. *Acta Un. int. Cancr.*, 15, no. 2, 1959, pp. 437-442.
- , see also LAWTHORP, P. J., and —.
- WATTS, R. W. E., see CRAWHALL, J. C., and —; SCOWEN, E. F., and others.
- *WEBER, F. Parkes. *Miscellaneous notes. (Sixth series)*, 1960.
- WEITZMAN, David. The investigation of patients for cardiac surgery. *Brit. J. Clin. Pract.*, 14, April, 1960, pp. 255-262.
- WENDELL-SMITH, C. P. The assessment of the film "An Introduction to Human Dissection"? *Scientific Film Review*, 5, 1959, pp. 108-9.
- *—, Objective film testing. *Med. Biol. Ill.*, 10, April, 1960, pp. 110-116.
- *— (and Joseph, J.). Nuclear population changes in degenerating non-myelinated nerves. *J. Anat.*, 93, Oct., 1959, pp. 460-464.
- *WILLIAMS, I. G. Retroperitoneal tumours. *Clin. Radiol.*, 11, April, 1960, pp. 80-82.
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